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EDITORIAL COMMENT



MEETINGS OF THE TWO NATIONAL SOCIETIES IN BOSTON

THE meetings in Boston, beginning with that of the American Society of Superintendents of Training Schools on May 29th, were occasions long to be remembered for certain definite conclusions. The superintendents' meetings were dominated by thoughts of advanced education rather than of the simple, practical, every-day affairs of the training school. Defects in our training school organization, methods of teaching, the unequal apportionment of theory and practice, the overwork of the superintendent of the smaller school, and the need of greater public enlightenment as to conditions existing in nursing education, were the impressions left on our mind.

Two papers by educators outside of nursing ranks were of absorbing interest,—those by David Snedden, Ph.D., Massachusetts Commissioner of Education, and by Miss Arnold, Dean of Simmons College,—we are promised these papers for publication. They were most encouraging, both speakers emphasizing the fact that training schools for nurses have been path breakers, and that though in our schools the practical teaching had been entirely out of proportion to the theoretical, the principle involved in combining the two was correct and is that which the promoters of vocational education in other fields are now attempting to follow.

The policy followed by the Superintendents' Society in the past decade has been one of silent effort, depending upon the promotion of higher educational and ethical standards for the enlightenment of the general public. Upon formal action by the society it was decided to seek publicity regarding the progress already attained in nursing affairs and

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the requirements for the future, as has been done by the medical profession in matters of public health, through the medium of the popular press, and a committee was ordered to be appointed for that purpose, to select writers and to secure space in widely-read magazines. It would seem that in some particulars the efforts of the past had led round and round in a circle without solving the problems discussed.

The second definite course of action agreed upon was to ask some educational body entirely outside of either nursing or medicine to make a study of the training schools and of nursing education in general in this country, as was done for the medical schools by the Carnegie Institute. For this purpose, also, a committee was appointed.

All the papers read were of unusual excellence and the discussions interesting. That on the eight-hour day, and that following Miss Noyes' paper on "Some Problems Arising in Affiliation between Training Schools," showed how widely important these subjects have become.

It is quite impossible to give any adequate idea of such a meeting. The secretary's report will give the outline, but the proceedings, with the stenographer's report of the discussions, may be obtained by nurses outside the association who place their orders early with the secretary.

Miss Riddle was a most gracious and efficient presiding officer. The meetings were notable for the harmony and cordiality which prevailed. Of the social features, that longest remembered, probably, will be the reception at Newton Hospital, ten miles out in the country, which was reached by special cars and, to a favored few, by automobile. The setting of this hospital in the midst of beautiful country, with ample grounds, detached buildings and an ideal nurses' home, over which Miss Riddle reigns supreme, made it an indescribably delightful affair. (This training school never has a shortage of probationers.) Aided by a committee from her board of managers, Miss Riddle entertained her guests with music, and with refreshments which were served in the parlors of the nurses' home. The house was a bower of beautiful flowers, largely gathered from the gardens and the woods, and it was all an education to those members who only know hospitals and training schools as great city institutions.

The dinner given by the Massachusetts State Nurses' Association to the delegates of both conventions, brought together, with the possible exception of the banquet at San Francisco, the largest group of nurses ever dining together in this country, and was an inspiring sight. Here again were exquisite flowers, music, and appropriate toasts from interesting speakers, with an opportunity for that sociability which is so important a feature of these gatherings.

THE AMERICAN NURSES' ASSOCIATION

At the Boston meeting, the American Nurses' Association was adopted as the title of our national association, in place of the Nurses' Associated Alumnae of the United States.

The important business before this 14th annual convention, which convened at the Park Street Church on May 31, was the reorganization of the association and the adoption of the new by-laws. One entire session and the greater part of another were given up to an impartial and careful deliberation of every point presented, and the conclusions reached were in almost every instance unanimous.

The clause on membership was the most difficult of adjustment, although the committee had modified it greatly since mailing copies of the proposed amendments to the members and publishing them in the JOURNAL. As finally adjusted, it reads as follows: "Any state, county, or city association, or one of national character, which shall be approved by the Eligibility Committee, shall be eligible for membership. Any alumnae association from a school giving its pupils three years' training in a hospital, or giving an equivalent training in a professional school and hospital, or in one or more hospitals, shall be eligible to membership."

One of the disputed questions of the past has been what constitutes permanent membership. The by-laws are now changed to state with unmistakable plainness that after being sent once as a delegate, and attending two consecutive meetings thereafter, a nurse becomes a permanent member with power to vote at the third meeting.

The proposition to hold biennial instead of annual meetings was lost, it being the voice of the convention that we shall continue to hold annual meetings.

Because of the increase in the cost of carrying on the work of the association, in the first place, and because of the continuance of the annual meetings, the proposed increase in dues was adopted without a dissenting voice. The dues of the alumnae associations affiliated are increased from 10 to 15 cents per capita. State associations are taxed a flat rate of ten dollars a year, and may be represented by their president and one delegate. City and county associations pay the same as states if their membership is above fifty, below that number the rate is \$5, and they are allowed one delegate. Permanent members pay two dollars a year. This seemed, after very full and free discussion, to be the fairest distribution that could be made of the cost of carrying on the association.

The phrase "associations national in character" in the membership clause is intended to apply to such associations as the Spanish War Nurses or the Superintendents' Society, should they wish to apply for affiliation, or to any similar national body of nurses of good standing.

One important change made in regard to nominations is that permanent and charter members are to receive nominating blanks and share with the associations the right of submitting names to the nominating committee,—two names for each office to be returned instead of one,—and the nominating committee is given discretionary power in making up the ticket from the names submitted.

Announcement was made by the president that the JOURNAL Purchase Fund is now so nearly completed that appeals for contributions would not have to be made again, but the transfer would be adjusted between the directors of the association and of the JOURNAL after the pledges now in hand have been fulfilled, though associations that have had no share in this fund and who wish to help in the work of the ownership may still send voluntary contributions for a short time.

Miss Hay having resigned from the chairmanship of the Robb Memorial Fund, Miss McIsaac was appointed by the committee to serve in her place. It was shown that more than \$5000 had already been contributed, and pledges were given at this meeting which increase this sum materially.

But the surprising event of the convention was the adoption of the recommendation of the committee on pension or relief fund, which was practically along the lines recommended by this JOURNAL in the March issue, that we begin the accumulation of a fund, to be held by the American Nurses' Association, and leave the details of its management and development to be worked out later. Immediately nurses from all parts of the room were on their feet, all eager to be heard, and in fifteen minutes nearly \$1800 was pledged with an enthusiasm which showed how strongly the members felt the need of a fund to draw from for disabled members. This is to be known as the Emergency Relief Fund, unless a better title shall be found later, and is not intended to take the place of the sick relief funds of the local associations but is to be for special cases of unusual need. The names of the members of the committee to receive the money for this fund will be published later. It is a matter for every association and for every nurse to be interested in, and we hope the delegates who were present will make a strong appeal that the amount may reach such proportions that we may begin to draw upon it within a year or two.

The development of the Robb Educational and the Relief Fund, as some one said, is not for the nurses of to-day alone, but will go on for many long years, and their purpose should be placed before every graduating class and be presented at every national and state association as a reminder of those obligations which we have assumed. These are legiti-

mate causes for which nurses may solicit aid from outside people or give entertainments of various kinds for raising money.

The papers were fewer in number than usual because of the time needed for discussion of the by-laws, but those that were given were exceedingly interesting, all along the lines of social service, and will be read with interest when they are printed in the *JOURNAL* with the account of the proceedings. Two should be specially noted, the practical, well-thought-out method of teaching school children bodily hygiene and the dangers of tuberculosis, given by Miss Helbert, of Cincinnati, and the able address by Professor Winalow, of the College of the City of New York, on "The Role of the Visiting Nurse in the Public Health Campaign," which like the address from outside speakers in the superintendents' meetings, showed such comprehension of our educational progress that it was decided by the assembly to have reprints of the paper made which should be held by the secretary for general distribution, not only to nurses but to boards of managers and trustees of hospitals.

Mayor Fitzgerald in his address of welcome, and again at an evening gathering, spoke strongly in favor of the eight-hour system for pupil nurses.

The president's address was of a practical nature and much appreciated by her audience, particularly by those delegates who were attending the national gathering for the first time, for she told them what the duties of delegates are and how to make the most of the meetings for themselves and for their societies.

The social gatherings of most note were the banquet, already referred to, and the Red Cross reception which, though for Red Cross nurses only, was largely attended, showing how wide-spread is the enrolment. It was a delightfully informal occasion where, under the national and the Red Cross flags, and to the strains of music, Red Cross nurses had an opportunity to meet their president, the members of the national and state committees and, not least in importance, each other. It was an enthusiastic and beautiful throng.

The reception so graciously given by the Guild of St. Radegonde at Boston College was unusual in character and most enjoyable. Special cars were sent to the hotel for the invited guests and when the college was reached an interesting programme of music and speeches was provided, refreshments served, and a social evening enjoyed.

Two clinics were a feature of the convention, one at the Massachusetts General, the other at the Children's Hospital, both institutions providing a most valued opportunity for the visiting nurses to be put in touch with latest methods in the subjects demonstrated. The visitors were taken about the hospitals afterward, and those delegates who had

time to do so accepted some of the many invitations given by other hospitals and societies in the city which were so numerous, so cordial, and so inviting that they were bewildering.

With all their other plans, the Boston nurses did not forget that the city and surrounding country are the greatest treats they have to offer, and nurses were taken about to the historical points in and about the city as their guests, so that no one need return to her home and say she had not seen Boston or Concord or Cambridge. All must have felt deeply grateful to those who had done so much for their pleasure, their comfort and their instruction.

We must not close this little résumé of the meetings without expressing the pride felt by all in the large gathering; even the far-away points were well represented, California having five delegates present, Washington two, Texas two, and we were told that a nurse was present from Alaska. Certainly all the country in between these points had nurses present.

SUGGESTIONS FOR NEXT YEAR

The fact that announcements were made from time to time from the chair that different groups of workers would hold informal conferences at luncheon or between sessions would seem to emphasize the wisdom of giving one session of the national convention to sectional gatherings where workers in special fields would have opportunity to come together, to meet each other, and to discuss their common problems. Such groups might gather as private nurses, those interested in the care of the insane, school nurses, magazine boards and editors, state officers, boards of examiners, training-school inspectors, nurses engaged in tuberculosis work or in child welfare, visiting nurses, those doing social service work for hospitals, missionary nurses, registrars of directories, and any others. It would be interesting to hear through our letter department the opinion of nurses in general as to the advantage to be gained by such conferences.

Both societies are to meet in Chicago next year, with Miss Wheeler, of that city, president of the Superintendents' Society and Miss Sly, of Detroit, of the American Nurses' Association.

THE INTER-STATE SECRETARY

At the Boston meetings, Miss McIsaac, the Inter-State Secretary, was reappointed to serve for another year. The account of her proposed itinerary will be found in the official department, but from comments which we heard at the convention, we realize that many nurses do not yet understand just what place in nursing affairs the Inter-State Secretary holds.

First we want to emphasize the fact that the salary of this officer is divided equally between the organizations sending her out,—the Red Cross, the Superintendents' Society, the American Nurses' Association, and the JOURNAL. Her travelling expenses, as has been explained many times, are divided between the associations,—state, county, alumnae, or the training schools, that invite her to address them. *She does not volunteer her services but responds to such invitations as she receives.* As is explained in her announcement, for the sake of conservation of her strength, of time, and of money, she should not be requested to rearrange her schedule or to retrace her steps during the year.

Since the first official appointment of an inter-state secretary, a position held by Miss Sly for several years without compensation, and which Miss McIsaac now enters for a second term, we have made wonderful strides in organization and in educational development. It is not always possible to discover the source from which an impetus comes, but the fact remains that since we have had a field secretary nursing affairs have progressed with much greater rapidity than ever before.

The appointment of this secretary in the first place was for the direct purpose of rendering aid to states that were in the throes of legislation, with the object of making the laws for state registration as uniform as possible. While the direct need for that kind of advice has passed, there is still the equally important matter of the work of the boards of examiners. Miss McIsaac, after her experience of last year, is in a position to give valuable advice along these lines, and wherever it is possible, such boards should arrange for a conference with her for a free discussion of problems whose solution will lead to greater uniformity and higher standards.

PROGRESS OF STATE REGISTRATION

We publish in this issue, under their state headings, the text of the four bills which have become laws during the past legislative season.

The Idaho bill, which became a law on March 9, has a board of examiners composed of two nurses and one physician, appointed by the governor from a list of four nurses and two physicians submitted by the Idaho State Association of Graduate Nurses. The bill provides that the president of the board shall act as inspector of training schools. This bill is not mandatory.

The Vermont bill, approved on January 28, was introduced by physicians, and we infer from the information which has come to us that the nurses of the state knew nothing of it until it had become a law. The board of examiners is composed of two medical men in active practice on the staff of any hospital in the state having a training school for

nurses, and one graduate nurse holding a diploma from a training school giving not less than a two years' course in the theory and practice of nursing. Both doctors and nurse must have had at least three years' experience in the practice of their professions.

The Oregon law is in many ways one of the best yet secured, although it is not mandatory. It has a board of nurse examiners chosen from names sent to the governor by the Oregon State Nurses' Association. The remarkable thing about the experience of the Oregon nurses was the lack of opposition to the measure and the fact that the business of legislation, which was entrusted to Miss Linna G. Richardson, involved an entire expense, outside of printing, of but \$34. Here again the bill provides that the president of the board shall act as inspector of training schools. It was signed by the governor and became a law on March 15.

The bill for state registration in Tennessee became a law on April 5 after a hard and strenuous effort on the part of a group of nurses of the state, led by Lena A. Warner, president of the Tennessee State Nurses' Association. This is an excellent bill in many respects though many concessions had to be made during its passage which, as in so many other states, left it somewhat unsatisfactory to its promoters. The board of examiners is composed of five nurses, appointed by the governor, but each must have the endorsement of the society of trained nurses of which she is a member. The state nurses' association is not definitely indicated. This bill is mandatory.

The entire cost of legislation in Tennessee was \$140.

It will be remembered that six years ago the California nurses secured the passage of a bill for state registration in which provision was made for its administration by the Regents of the University of California. This law, for various reasons, has never been put into effect, and a measure was introduced during the past winter for the annulment of the original article and the passing of a substitute measure. This bill passed both houses of the legislature but has been left unsigned by the governor, with one hundred and fifty others, some of them of great importance as health measures. This leaves matters as they were, for the failure to sign the new measure leaves the old one still in force, and although the time for registration without examination has passed, an effort will be made to have the other provisions of the bill enforced.

The New Jersey bill passed the house without great opposition, but was killed in the senate, yet the nurses of the state are undaunted and will prepare for another conflict next year.

As we have had no report from Wisconsin, we infer that legislation there was unsuccessful.

THE NIGHTINGALE PLEDGE

IN the May JOURNAL we printed copies of the Hippocratic Oath and of the Nightingale Pledge and said we had been unable to trace the origin of the latter. Just too late for publication in June came a note from Mrs. Lystra E. Gretter, of Detroit, with the information desired, as follows:

"The Florence Nightingale Pledge was prepared by a special committee appointed by the Farrand Training School Committee of Harper Hospital, Detroit, in 1893. The committee consisted of Rev. William Davis, D.D., and three nurses, Miss N. E. Haight, Miss Louise T. Ford, and Mrs. L. E. Gretter. The pledge was first administered to the class graduated from that school on April 25, 1893, and it has been used by every other class since that date. The name was selected because it represents the highest type of nurse and an ideal."

DR. DALE'S ARTICLES

WE hope our readers, even though they may be too busy to read anything else, will make a careful study of the second paper of Dr. Dale's series on Moral Prophylaxis which appears in this magazine.

While we believe that early education on themes of sex hygiene will have a restraining effect upon a few intelligent young men of the more decent classes, we do not think such knowledge will make an appreciable difference in the habits of the great majority of men in any rank or class unless some penalty of publicity, such as Dr. Dale advises, is attached to the breaking of its laws.

The segregation of men and women suffering from venereal diseases in special wards in hospitals, and the reporting of all cases, whether innocently or viciously acquired, to the Board of Health, are a more practical solution of the problem. Until it is made as great a humiliation to have contracted any one of the venereal diseases viciously, as it is for a man to be arrested for stealing, we do not think education alone will wipe out this plague.

CARE OF INCUBATOR BABIES

IN the care of incubator babies, as in every other nursing procedure, there are different methods employed, depending upon the section of the country and the preferences of the physicians in charge. The paper published in this issue gives the result of the experience of one nurse, and differs in some respects from those obtained elsewhere. For instance, the habit of oiling a new-born baby and wrapping it in cotton is

considered dangerous by some obstetricians, as such a dressing tends to clog the pores of the skin.

The care to be given the eyes in regard to light is another disputed point. Our readers of several years back will perhaps recollect an article by Dr. Wescott, of Chicago, in which he states that many of the eye troubles of later years may be traced to carelessness in regard to shielding an infant's eyes during the first weeks of life. He stated that a baby should never be allowed to lie so that a direct light from a window or from a lamp should reach it, and that a nurse assisting at a birth should take special pains to protect the baby from the glare of light with which the lying-in room is usually flooded. He did not advocate a shaded room, but an avoidance of direct light to the eyes. If these precautions are necessary for the ordinary child, they would seem to us even more important to observe for the premature child which is so much more susceptible to every ill.

A FILE OF JOURNALS WANTED

THE New York State Education Department lost its file of the *AMERICAN JOURNAL OF NURSING* at the time of the fire in the capitol and would like to replace it. Dr. Henry L. Taylor, of the Department, has asked that a request for old *JOURNALS* be published in these columns. Nurses having back numbers of the *JOURNAL* which they would be glad to donate for public service are asked to write to Dr. Taylor at the Education Department, Albany, telling him which numbers they can offer, so that he may not receive duplicates.

NATURE STUDY FOR NURSES

By ANNE E. PERKINS, M.D.

SOME hospitals are obliged to make the rule that the nurses off duty must go out of doors, instead of "going to bed because they feel so tired." In London, one sees hosts of them in cloaks and bonnets riding on the buses. In cities, the open trolley is a favorite method of obtaining air without exercise or fatigue. Many nurses say "It was my day off, but I was so tired I thought I wouldn't go out." If they do go out, they feel better for the change and the open air; in doors they are likely to sit about and talk shop or eat indigestible lunches. A good rule is to leave one's work or patient behind and not refer to them while off duty. If we are to be all-around citizens, we must have other interests and not get into a rut. Everyone should have a fad—an avocation as well as a vocation.

"The world is too much with us; late and soon,
Getting and spending, we lay waste our powers:
Little we see in Nature that is ours."

Sometimes in the rush of engrossing duties it scarcely seems as if we are *living* at all, but just making a living. One of the best ways to escape from work and from one's self, worries, and moods, is to cultivate an interest in out-of-doors and study at least one branch of nature, whether it be birds, insects, flowers, ferns, or whatever one fancies most or has at hand. It is not necessary to set about it strenuously, but to read and observe for one's self in order to enjoy nature intelligently. It is surprising how much one can enjoy and see in a limited time; in a city, there is always a trolley that goes where there are birds and flowers; in a small city, a bicycle helps to reach the country quickly. Often a nurse is with a child or comfortable invalid all summer, at the shore, in the mountains, or country somewhere. Her interest and even a little knowledge will be eagerly shared and will help pass tedious days.

Nothing more quickly dissipates morbidness and brings escape from self, into serenity and peace, when we are worn and anxious. Start for the woods when you want to get away from yourself. It opens up a new world of beauty and unconsciously the tension is relieved, our spirit is healed by the bird voices and restful green. Some say "I do not know any bird but a robin and a crow," and assert that

they enjoy nature better not to learn long names. But certainly, knowledge of bird or flower or fern does not detract from its æsthetic enjoyment—rather, increases it—for we appreciate all the more the wonder and beauty if we know something about the marvellous structure, ways, and habits, and adaptation for its life-struggle. One who knows little of birds, misses the whole world of warblers. We see what we look for. Bryant's "Invitation to the Country" says:

"The bluebird chants, from the elm's long branches,
A hymn to welcome the budding year.
The south wind wanders from field to forest,
And softly whispers, 'The spring is here.'

"No lays so joyous as these are warbled
From wiry prison in maiden's bower;
No pampered bloom of the green-house chamber
Has half the charm of the lawn's first flower.

"Yet these sweet sounds of the early season,
And these fair sights of its sunny days,
Are only sweet when we fondly listen,
And only fair when we fondly gaze."

It is like Wordsworth's daffodils; when we have seen lovely vistas of ferns, hedges of wild crab-apples in bloom, dogwood, or some beautiful bird, we can visualize them later:

"For oft, when on my couch I lie
In vacant or in pensive mood,
They flash upon that inward eye
Which is the bliss of solitude;
And then my heart with pleasure fills
And dances with the daffodils."

The day is a memorable one when the first scarlet tanager is seen; and early in August, when he seldom sings, one may see him changing to the green of winter. By the law of compensation, if we go out to see or hear one thing and miss it, we are rewarded by something as good or better.

In hunting for a chestnut-sided warbler's nest, I found an indigo bird's nest with its pearly blue-white eggs. In waiting for a rose-breasted goosbeak, I saw a chewink building her nest and watched it day by day till it contained four speckled eggs. I could not find the veery's nest, but I came upon such exquisite orchids that I was reconciled. And so it goes—one never knows what new bird will be seen or heard. "Secrets lurk on all sides. There is news in every bush." Nothing is

more fascinating than bird study. But flowers, ferns, mosses, mushrooms, and insects are all full of engrossing interest. We are accustomed to think that spring and summer are the only bird months, but Chapman says winter is the best time to study birds, as they are at their minimum and easily identified.

In June and July, during the nesting season, the camera is especially in demand. In August, the goldfinches are nesting and the warblers returning from the North. In November, there is still a surprising variety of birds and the witch-hazel is in bloom. There are cocoons to gather, easily seen when leaves have fallen, and interesting to watch, in March and April, as lovely moths and butterflies. Then, too, there are so many birds' nests that we can identify, numerous red berries, bitter sweet, dogwood, false holly, etc.

In winter are snow buntings, juncos, goldfinches in winter costume, chickadees and nut-hatches. Winter feeding places, posts, with boards nailed on top, or suet tied on a tree,—bring chickadees, nut-hatches, winter chippies, and others, delightfully tamed; and this is sure to lead to care that the cats do not catch them, and that in turn to joining the Audubon Society and persuading patients to do the same.

In the woods after a light snowstorm are dainty tracks of partridges with their snow shoes, squirrels, chipmunks, foxes, rabbits, etc., and these are entertaining to trace.

Some books that are helpful to nurses and patients are: Chapman's "Bird Life," Chapman's "Handbook of Birds of Eastern North America," Blanchan's "Bird-Neighbors," Dugmore's "Bird Homes," Chapman's "Warblers of North America," Herbert K. Job's "How to Study Birds," Mrs. Dana's "How to Know the Wild Flowers," Mrs. Dana's "How to Know the Ferns," Atkinson's "Mushrooms, Edible and Poisonous," A. J. Grout's "Mosses With a Hand Lens," Keeler's "Our Native Trees," Comstock's "Insect Life," Kellogg's "American Insects," Holland's "Moth and Butterfly Books," Arnold's "Sea Beach at Ebb Tide," Peterson's "How to Know Wild Fruits," Blanchan's "Nature's Garden," Egging's "Fresh Water Aquarium and Its Inhabitants."

John Burroughs and Bradford Torrey have many delightful books for reading to a patient as well as to one's self. Winthrop Packard, F. Schuyler Mathews, Wm. Hamilton Gibson all write charmingly of common wayside things. Burroughs has compiled in "Songs of Nature" the best nature poems. Richard Jefferies' "A Sublimated Burroughs" is too little known to most readers, his exquisite "Hours of Spring" and

"Wild Flowers," the "Pageant of Summer," and "Selections" can be had in little vest pocket editions from Mosher. One might prolong the list indefinitely.

Appleton & Co. publish a magazine, *Bird-Lore*, for the Audubon Societies, and Cornell University issues free a Home Nature Study course of illustrated leaflets that are very helpful.

MORAL PROPHYLAXIS

By GEORGE P. DALE, M.D.

Dayton, O.

(Continued from page 694)

GONORRHOEA

GONORRHOEA is acknowledged to be the most prevalent of all diseases. Doctors who specialize in venereal diseases are apt to say that 90 per cent. of adult males have had it, but, without taking as cynical a view as this, we must grant that it is shockingly common, particularly among men, and the highest social ranks present as great a proportion of cases as do the lowest. Throughout this country at least 50 per cent. of the men between 20 and 40 have had this disease. Recent figures say that there are about 14,000,000 male adults in the United States under the age of 30 years, and the most reliable observers calculate that 8,000,000 of them have gonorrhoea or its sequelae. Of 1000 married men in New York, 800 have gonorrhoea and in 99 per cent. of all these cases the disease has remained uncured and can infect their wives. Gonorrhoea is a disease of the virtuous wives of our great cities as well as of the prostitutes, but it is observed that it abounds with greater frequency in women of the lower classes, where moral safeguards fail to a greater degree, than in women of higher grades in society. In New York, of five married women, at least three have gonorrhoea. It may be a startling statement, but I believe nevertheless true, that there is in the aggregate more venereal infection among married women than among professional prostitutes in this country. If we say that 5 per cent. of men infect the women they marry, and if we take the census of 1900, giving the number of married women in this country as 16,000,000, then 5 per cent. would represent 800,000 infected with gonorrhoea alone.

Mortuary lists rarely, if ever, include the name gonorrhoea, but indirectly it probably causes more deaths than does acquired syphilis,

being responsible for most of the suppurative salpingitis, and a very large proportion of the cases of fatal peritonitis in women. It is believed to be accountable for more than 40 per cent. of the barrenness in childless marriages. No other disease is so potent in the production of sterility.

As a disease, gonorrhoea dates back as far as the ancient Israelites and Egyptians. It is usually transmitted from one to another by means of sexual intercourse and it is comparatively rare that infection is acquired by other means, for the reason that the secretions when dried are innocuous, yet it can be conveyed by contaminated hands, instruments, and dressings, and these are facts too well established for comment. The great majority of infections in the female are conveyed from chronic gonorrhoea in the male. Chronic cases are as dangerous as they are common, owing to the fact that gonorrhoea may be present in chronic form without subjective signs to warn the infected person of its presence. This is especially true in women, and if transmitted to some other person, it may be set up as an acute trouble.

As to Children.—The increase in acquired venereal infections in children is greater than the medical profession or the laity realize, and the increasing frequency of the criminal infection of baby girls makes the subject a matter of grave concern. Vulvo-vaginitis in its simple form is not at all uncommon in girls between the ages of 5 and 12 in all walks of life. The etiology is well understood, being found in various forms of non-virulent germ infection when the soil for cultivation is supplied by low general vitality, insufficient baths, and all uncleanness—a filth disease. But the virulent specific infection in children is becoming all too common and the causes of most of these outrages on children is to be found in the superstition that a person infected with either gonorrhoea or syphilis may get rid of it by infecting another, preferably an "untouched virgin," thus a defenceless child is the most natural victim. I hardly know of another ailment of early childhood of such tenacity in its course, so refractory to treatment, and fraught with such grave consequences for later life. In institutions, asylums, and orphanages, we see this disease break out and pass from child to child, being transmitted by the clothing, towels, and the bath until it may assume the character of an epidemic.

In Men.—In men gonorrhoea is almost an incurable disease. This seems rather a hard, broad statement, but when we look into the structure of the male urethra and realize that it is not a simple tube, but has folds and crypts into which an antiseptic cannot reach at all,

that it has 20 or more openings, and that the whole tract may be infected from one end to the other, and that the antiseptics can never reach these recesses, then it seems easy enough to see the almost incurability of the disease.

The period of incubation of gonorrhoea, that is from the time of infection to the first appearance of the symptoms, varies from 12 hours to a week or more.

The first point of the attack of the gonococcus is the urethra, both in the male and in the female, and it is the first one inch or inch and a half of the urethra. The first symptoms are tickling at the meatal opening and a light bluish, sticky discharge with some slight stinging on urination. These last a couple of days and then the amount of pus increases and is creamy-yellow or greenish-yellow color. Bleeding may occur. The pain on urination is intense, and there are neuralgic pains in the back, perineum and groin. There is sometimes constitutional disturbance in the way of fever and feeling of prostration. This condition continues without much change, for about three weeks, and during this time the gonococci have been penetrating the deeper tissues and the severer symptoms begin to subside and the discharge become more watery and less in quantity. When the posterior urethra is not affected and there are no other complications, a favorable case of gonorrhoea recovers in about eight weeks. The disease may be curable if the treatment is begun early and persisted in long enough and with sufficient skill. Beyond a certain stage in both sexes there is no cure, although in some cases the possibility of transmission ceases. The disease in its chronic form may cause epididymitis, cystitis, gonorrhoeal rheumatism, prostatitis, and stricture of the urethra leading often to severe operations, endangering the life of the patient.

As to Women.—In women the disease causes a great deal more endless suffering than in men, and is followed by a long train of inflammatory reactions due to the anatomic constitution of the female. As before stated, the first infection takes place in the urethra and then extends upward to the vulva, Bartholin's glands, vagina, and uterus. That the gonococcus may extend upward and involve the entire genital tract, and that in isolated cases it has been known to extend over the general peritoneum and to distant parts of the body is now generally recognized. You will note that in gonorrhoea in women the urethra and the glands of Bartholin are the first points of attack. In the finding of the purulent secretion in the urethra and of a reddening of the mouths of the ducts of Bartholin, the diagnosis of a gonorrhoeal in-

fection is established to a moral certainty. The diagnosis is further supported by the presence of enlarged and tender inguinal glands on both sides. The diagnosis can be absolutely confirmed by microscope.

There is nothing characteristic in the naked-eye appearance of gonorrhoeal vaginitis. It is only by the associated lesions that the nature of the trouble in the vagina is recognized. In the acute stage the mucosa is swollen and reddened and a profuse muco-purulent secretion rapidly develops on the surface. As the inflammatory reaction subsides, the secretion lessens and the surface becomes mottled, red and gray. This same condition of inflammatory change can take place in the uterus causing endometritis, in the tubes causing salpingitis, and probably 80 per cent. of all cases of pus tubes are caused by this disease; and the ovaries may be attached secondary to the tubes. These conditions in the uterus and tubes are usually chronic and the result of several months or even years of the disease, yet an acute process may sometimes very rapidly extend and cause inflammation.

The results of such an inflammatory process are many. Functional disturbances in the adult relate to menstruation and ovulation. Gonorrhoeal endometritis and salpingitis disturb menstruation by reducing the interval, prolonging the duration of the flow, increasing the amount. Dysmenorrhoea of all kinds is produced. Ovulation is not interfered with until the ovary becomes encapsulated by adhesions and suppurates, or is in a state of fibroid change throughout.

Sterility is another common result of gonorrhoeal infection. Where the infection is confined to the cervix of the uterus, sterility is not the rule. At least 30 per cent. of gonorrhoeal patients are sterile and some authors estimate as high as 50 and 60 per cent., but yet the disease by no means always leads to sterility. Many women are rendered sterile completely, after the birth of one child. This so-called "one child sterility" is accounted for in a large measure by the extension of a pre-existing gonorrhoea. During the puerperium the infection which was confined to the cervix and urethra is prone to extend to the body of the uterus and the tubes and then will almost certainly result in sterility. Noeggerath said: "The gonococcus can exist in the tissues throughout the lifetime of the individual and at any time under favorable influences may light up into what appears to be a new and acute infection or may transmit a virulent infection without itself becoming manifest." It seems to me that it is this very fact that plays the most important part in the complications arising following the delivery of the child. Physicians frequently have a case that, following delivery, has some septic infection and they feel satisfied

that they have been extremely careful in the sterilization of their hands and instruments, and the care used in delivery, and, notwithstanding all this, have complications. But when we consider that 25 per cent. of all pregnant women are inflicted with gonorrhoea, we can easily see that it is not the fault always of the attending physician, but it is often due to the lighting up of the old gonorrhoea infection and this may go on to a severe septicæmia and peritonitis. I do not mean to say that there are not very, very many cases in which the physician introduces infection from the outside, because there are, but we do have cases in which the trouble is due to the old infection lying dormant in the woman.

From the foregoing list of inflammations and results you can easily see that if it were not for the presence of gonorrhoea in this world, the number of operations on women would be comparatively few and gynaecology as a specialty would disappear. Fully 80 per cent. of all abdominal operations performed on women are due to gonorrhoea, contracted almost invariably innocently on the part of women.

While gonorrhoea is not susceptible of hereditary transmission, its influence as a depopulating factor is scarcely less pronounced than that of syphilis from its inhibitory influence upon procreation. Its danger as a depopulating factor is the creation of secondary sterility. The large percentage of marriages in which one child represents the total fecundity of the family, justifies the conclusion that this sterility is, in most cases, not of choice, but of procreative capacity extinguished by gonorrhoea.

Since the cure of gonorrhoea is so unsatisfactory, and when deeply seated is only accomplished by operation which too often unsexes a woman, prophylaxis becomes absolutely necessary in the management of gonorrhoea in women. The prevailing impression among men that gonorrhoea is a trifling disease, a mere incident in their experiences, which is no more serious than the "catching of a cold," is responsible for not a little of the spread of the disease. It should be impressed upon men in general that once they become infected they are sexually incapacitated until pronounced cured by repeated microscopic examination.

No practitioner who watches a case of gonorrhoea with the microscope will ever be willing to give the person inflicted a clean bill of health to be married. In the past the average physician has neglected his duty alike to the patient and his possible innocent victim; although knowing the dangers of gonorrhoea he has seldom told his patient of it and also of the greater danger of the disease to infected women.

But fortunately there has been a moral awakening among the profession and the lay public as well with references to this question, and the change in sentiment in regard to this whole matter during the past few years has been remarkable. Ten years ago in no club or social meeting would this matter of sex relation or social hygiene have been discussed. To-day, in clubs like that in Chicago for Social Hygiene, and the Chicago Woman's Club, the whole question is being taken up and the information sought, and bodies of women have gone before most of the women's clubs in the city and suburbs, giving lectures on the subject which have been received with great interest. We must insist that the man who has gonorrhoea shall not marry until he is cured and in extreme cases in which the patient refuses to take this advice, if possible the innocent person should be given warning. The time has come when we as physicians and nurses should take this stand for the protection of the innocent. As yet relatively few men regard it as a moral duty to be examined before marriage.

I wish to say a word regarding the almost total absence of hospital accommodations for treating venereal diseases. We must grant that these diseases are considered to be the most prevalent of all infectious, contagious, and communicable diseases, but for their treatment there is almost total lack of facilities in most cities of the United States. Special regulations are adopted against smallpox and special hospitals built for its reception, but as yet we have in Dayton no hospital which receives venereal diseases. Up to a couple of years ago the city hospital of New York had just 28 beds for male and 28 beds for female venereal patients. The eye wards for syphilitic and gonorrhoeal eye cases had 28 beds more for men only. There were also in the city hospital of New York 15 beds for syphilitic patients in the male dermatological wards. The Metropolitan Hospital has a genito-urinary ward with beds for 9 males and 5 females. This comprises about all there has been in the way of hospitals open to venereal patients in New York. Neither Bellevue, Gouverneur, Fordham nor Harlem Hospital at that time offered any provision for the treatment of these cases. As you can readily see, for a city the size of New York 33 beds have been entirely inadequate to offer for the female sex. As to some of the other cities, a few years ago Pittsburg with 321,000 inhabitants had only 20 beds; Cleveland with 414,000 people also possesses 20 beds; in St. Louis, Mo., with 612,000 inhabitants, the city hospital has 40 beds for men and 50 beds for women; the District of Columbia with over 300,000 people, and of these one-third of the negro race, accommodates 50 in the female hospital.

Embraced in the treatment of these diseases would be included the keeping of records and reporting the case to the local Board of Health. There has been discussion as to whether these are reportable diseases. Syphilis and gonorrhoea should both be reported and some day will be, for exactly the same reason that the other infectious diseases are reported, because society has a right to protection from them. The fact that they are contracted so largely in the commission of acts which are immoral, and also forbidden by law, is not only not a reason for concealing them, but an added reason for exposing them. Syphilis and gonorrhoea are acquired either innocently or in the pursuit of vicious indulgence. If innocently, the reporting should bring no shame; if viciously, the victim is stopped from demanding that measure of sympathy to which the burden of grave disease ordinarily entitles him; and the community has the right—it is its duty—to protect itself against his communicating his malady to others.

While it is absolutely out of our province as physicians to consider for a moment the moral aspects of how a disease is contracted, yet here are diseases of most disastrous consequences to the individual and to society which we must attempt to check by increased facilities for treatment. We do not count the cost for the spread of other contagious diseases, why should these two diseases, which all admit are of prime importance, be absolutely neglected? I do not believe in erecting a special hospital for venereal diseases alone, but there should be special venereal wards as a part of a general hospital.

(To be continued.)

PRIVATE NURSING *

By ANNA REIN, R.N.

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THE nurse in a hospital, no matter how large, has her work laid out for her and, while she must cover the whole field before she can do one thing well, she still has routine. When the private nurse goes into the home, she must take charge of the whole (hospital, if you please) and must make the best use of materials at hand and improvise many things. If her career has covered only a few years she will have need of all the ingenuity she possesses with the additional amount she

* Read at a meeting of the Indiana State Nurses' Association, South Bend, Ind., April 27, 1911.

acquires when facing *necessity*, which is the mother of invention. As an example, in the country home of only a few rooms a surgical operation is to be performed. The nurse goes a few hours before the surgeon is to arrive and finds the family panic-stricken as we would *all* be in *their* places. She begins to ask questions, even before seeing the patient, and while getting into her uniform and trying to find a nail on which to hang her street suit (perhaps the only one she possesses) inquires as to what she can find to get ready for an abdominal section. The people are appalled at the number of (simple) things asked for, sheets, towels, basins, etc., which prejudice she must overcome in the best and most tactful way possible. There is no iron-clad schedule which may be committed to memory for doing these things.

Then she finds the patient with hair tangled, bed a mass of wrinkled bedding, condition of patient almost anything, apprehensive if conscious, or calm and self-possessed, exercising great self-control. The nurse prepares the patient and during the intervals allowed for rest sees that there is boiled water cooling and more water put on the fire, towels and sheets sterilized and crockery and basins boiled in an improvised (wash boiler) sterilizer,—tables scoured, together with various other things that need to be done. Before she feels that she is ready, the surgeon arrives and the work begins, the nurse very often acting as assistant and roustabout.

When the patient is back in bed, the surgeon leaves and the nurse is left alone with the responsibility. She must watch the patient who may be quiet or very noisy, while she directs the clearing away of all signs of the operation, much of which she must necessarily do herself. The day goes by; if the work was done in the morning, and night comes on, the tired nurse must watch all night. After that the work may be hard or easy as we all know, but the reward comes when she sees the patient, who has, perhaps, been at the very portals of the great beyond, come back and belong to her family once more. Then the nurse soon takes her leave with the good wishes of a grateful family ringing in her ears or with her salary, grudgingly given, in her pocket and no word of thanks.

Next she may be called to a mansion where luxury abounds, but where hearts are sad because a loved one is stricken and, in spite of all that skill and money can do, the grim reaper claims his victim. Then the nurse must be comforter and very often direct the household because the members are panic-stricken.

Next she is sent to a home of poverty and filth (some charity or friends having provided the means). On her arrival she finds a patient

with pneumonia and in spite of the doctor's directions (they are fortunate in having a good one) to have plenty of fresh air, the windows are down tight, and because the patient has complained of being cold and had a chill, he is covered with several heavy comforts and blankets, which have taken on their share of germs from the mouth and hands of the patient.

The nurse must tactfully get the windows open and then the patient will be a great help, because when he finds how much better he can breathe fresh air than foul he will insist on having it so.

The nurse watches anxiously the labored respirations and cyanotic face and wonders how long the doctor's remedies will hold out and assist nature in her battle against the microbes. At last the temperature subsides and the enemy is vanquished but oh, the poor heart is exhausted and the nurse must be ready to carry out the doctor's directions and administer the proper help at the right time. When the heart has come out victorious, then again the sleepless nights and the anxiety are put aside.

Summing up as best I can the qualifications which the nurse in private duty should have, I would say that she must be broad enough to accept the different personalities of patients and more often of families, as well as adjust herself to the different environments so that she may be able to do the most good in the best way even though that way may mean doing many things which are not giving baths and medicines. Sometimes darning and mending the child's clothing mean comfort and contentment to a sick mother, quieting her so that a night's rest is procured for her as well as for the nurse. (It works both ways.)

Ian MacLaren tells of Dr. Weelum MacLure when he met the London surgeon and took him through the swollen streams among the Scottish hills. When starting through one that was particularly deep, the city doctor commanded him to go back, but he forced the surgeon to keep his seat, and even though the water was lapping round his feet, took him through the stream, only taking the precaution to have the instruments lifted out of danger. He so won the respect of the surgeon that the money which was offered him when the operation was successfully performed was refused, and the surgeon's hand grasped the scarred and horny one of "the doctor of the old school," with the words, "We are proud to have you in our profession."

The nurse's feet may get wet, but her "implements," cool headedness, recognition of symptoms, emergency tactics and quick action, never. They must be lifted above the flood and kept bright and keen.

She must be ready to listen to the stories of wasted and unhappy lives, the sorrows of wives and husbands, parents and children, and sympathize and comfort, putting aside herself and her own interests, that she may be better able to help. The desire to help in the right way may be as broad and unselfish as was an incident which is said to have taken place at one of the famous Mohonk Conferences, when a Catholic priest, who was a fine musician, played one of Luther's hymns, in a Quaker house, the music having been written by a Jew.

INCUBATOR BABIES *

By MARY DABNEY SMITH, R.N.

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THE first notice we have of incubators being used to any extent was in 1897 when they were brought into prominence in England. Owing to the appalling death-rate of infants in England, and in London especially, Messrs. Samuel Schenkein & Martin Coney conceived the idea of show incubators for the Victoria Era Exposition, the idea being to use them in the interest of humanity, as the death-rate from premature babies was markedly increasing. The main features of their incubators (the Altman make, a modification of the *Lion* incubators) was that they claimed they worked automatically, needing no special attention for days at a time, and most remarkable is the assertion that they were so perfectly constructed *that skilled attendance was not required*.

In the following year, 1898, Barnum & Bailey, seeing where they could better themselves financially by having a Baby Incubator exhibit at the London World's Fair, started such a show. For as long as people are interested in such exhibitions and will pay a good admission fee these institutions will flourish. The feeling of the medical profession is against the show incubators, of this there can be no doubt, therefore it behooves them to throw safeguards around such exhibits.

It is only natural for us then to inquire into the advantages that one of these institutions has to offer.

(1) It is financially equipped to give good attention to premature

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babies, as it is an expensive project at the best. It has been said that each baby at the St. Louis Fair cost the Company \$15 a day, and as money is absolutely necessary in the saving of premature lives, it is questionable whether any hospital could undertake this work unless the state gave liberal support.

(2) Such institutions act as an educational factor, bringing to mind that premature babies can be saved and not allowing them to die as a matter of course.

(3) Such institutions serve the purpose of a hospital where premature infants may be scientifically studied, and in this way our knowledge advances and our methods of rearing them are improved.

There is one objection to these exhibitions which holds good for all hospitals and asylums, namely, the death-rate of infants is much higher than in private families, the danger of hospitalism cannot be denied. Now what we mean by the term "hospitalism" in a restricted sense, is a species of intoxication found in infant asylums and is characterized by malnutrition, atrophy, and death. In another sense it has been used to designate the poor resisting power of infants to all infectious processes.

The most rigid rules must be observed to prevent infection, the incubators should be kept as thoroughly disinfected as possible. It is a good idea to wipe them out with a 70 per cent. alcohol solution every day, as the odor from the alcohol rapidly disappears, and is not harmful to the babies. Each infant should have its own thermometer, which should be kept in carbolic solution, and washed before and after using. The bottles and nipples must be boiled after each feeding. It is well to keep them in a boric acid solution when not in use. The wet nurse's nipples should be thoroughly disinfected with boric acid after each feeding, as well as before feeding, especially where she nurses more than one baby, as thrush can be transmitted in this way. It is also well to remember that the sick and well babies should be separated, but unfortunately in most Baby Incubator institutions no such provision is made.

Clothing.—Premature infants should be very warmly clothed, and it is well to remember if they are two months or under term to wrap them in a cotton and then put on a flannel shirt. Too much clothing in premature infants requires so much manipulation that it exhausts the infants, so have fewer garments and those warm. Gause diapers, with a small piece of cotton in them, are the best to use as they can be burned when removed. By no means use a diaper a second time without washing. It is well to keep a cotton and gauze cap on babies

that are under seven months' gestation, as their little heads are soft, and they can be handled much more safely, also the caps keep the infants warmer.

Bathing is looked upon differently by different doctors. Dr. Rotch favors rubbing the infant with olive oil every 48 hours, until it gets fairly well started, while Dr. Monti, another prominent obstetrician, favors giving a warm sponge at 98° Fahr., directly after birth, and once or twice daily thereafter, claiming that it stimulates circulation and raises the temperature.

The babies at the Jamestown Exposition had a mixed treatment, I suppose, as they were given a warm bath every morning, followed by an olive oil rub. For a rapid elevation of temperature a warm bath is the ideal thing. While some doctors do not favor the olive oil rub, therapeutically at least there are two reasons why it should be given some consideration. (1) The oiled skin prevents a too rapid heat loss, acting as non-conductor. (2) It presents to some extent the evaporation of water which, in a warm incubator, should always be guarded against.

Exercise.—Even the youngest term infant would have its arms free, for this permits some motion, this assisting in the respiration and circulation. A good cry several times a day is also very beneficial, as it assists oxygenation and all premature babies should be made to cry. A good plan is to smack them under their feet, no injury will result from this you may be sure.

Food.—Where it is possible, premature babies should be fed on human milk. No substitutes, however well prepared, can take its place. Where this is not possible, a modified cow's milk is next best. The babies can first be fed with a medicine dropper and as they grow older can be put on a small nipple until they get where they can nurse the breast themselves. The milk can be drawn from the breast by a pump, or can be milked into sterile glasses, and put on ice. The quantity given at each feeding depends on the baby's age. For the first day, commence on one-half to two drachms of diluted breast milk every two hours, and increase this amount daily as it is seen the baby can take more. The stools must be very carefully watched. Should they get green, or undigested curds appear, the milk should be diminished and diluted until this trouble is alleviated.

The modified milk should be prepared so as to be as sterile as possible. In the case of most premature babies the amount of sugar will have to be lessened to suit each individual need.

I shall not attempt to give any prescribed formulæ. It is almost

impossible to confine yourself to any one, for any length of time, as the food of these babies has to be watched very carefully and changed whenever the occasion arises. Care should be taken at all times not to overfeed or have the milk too strong. Feeding the babies every two hours in the day and every three hours at night is quite sufficient, oftener predisposes to indigestion. One to five drops of French brandy, three times a day, seemed to do our babies much good. It is claimed by some that premature babies should be kept in a darkened room. Jamestown Exposition babies were in a light room constantly, and I did not see any harm from it.

Great care should be taken in conveying a premature baby from one place to another as they are very susceptible to all changes of temperature. We had a covered basket padded with cotton and gauze in which were hot water bags, blankets, thermometer, etc., that we took our babies to the incubator in, and during the whole time of the exposition never a baby died on its way to or from the hospital.

As soon as they were received at the baby incubator, a warm bath and oil rub were given them, their temperatures taken, and they were put in the incubators. The temperature of the incubators was kept from 78° to 90° Fahr., according to the prematurity of the baby. Where it was possible, the temperature in the incubators was kept as low as practical, as a high incubator temperature usually predisposed the baby of indigestion and oftentimes caused cyanosis.

It is necessary at all times to have well-trained professional nurses to look after these babies. Wet nurses should have nothing to do with the incubators or their inmates.

The artificial conditions under which premature infants are reared predispose to inanition and atrophy, even when the imperfect development of the digestive apparatus is not considered. Still there can be no doubt that the careful supervision of the nutritive processes will entirely prevent this. As to the viability of the foetus, there is little or no proof that the age of viability has been reduced by modern treatment. The youngest foetus we had live at the Jamestown Exposition was a 24 weeks' gestation. I will give you a brief sketch of this one as it may interest you.

Baby Margaret was born in Norfolk, Va., at the end of the 24 weeks of gestation. She weighed at birth 1 lb. 1 oz., she was taken to the Baby Incubator Institution, where she was kept in the incubator at a temperature beginning at 90° Fahr., and gradually coming down to 78° Fahr. for a period of five months, after which time she stayed in the nursery for six weeks and was sent home when she was 7 months

old, weighing $9\frac{1}{2}$ pounds and as normal as any baby could be. For the first three months in her life she was fed with a medicine dropper, after that a tiny nipple was made for her by puncturing the rubber bulb of a medicine dropper. She is now over three years old, can walk and talk as any baby her age, and is in every way a prize incubator baby.

Should the premature baby be sent to an institution? Unless the parents be very poor the answer will unhesitatingly be in the negative. No infant should be sent to an asylum, or hospital, when its need, though imperfectly, can be fulfilled at home, and this is true of the premature baby. The results in private practice are much better than in institutions.

During the two years I spent in the Lying-In Hospital in New York, we had remarkable results in rearing our premature babies, though there was not an incubator in the hospital. They were kept warm in a cotton-lined crib with plenty of hot water bags. They had a warm bath every morning, followed by an olive oil rub, and each day they had a sun bath in the window seat for several hours. As it was always convenient to get human milk, we did not have much trouble with their food.

From careful observation made while at the Lying-In Hospital it seems that female babies have a greater endurance than males, and premature girls will live while a boy born under like conditions oftentimes dies. It is also well to note that an eight months' baby has better chances to live than a seven months' baby, although much has been said to the contrary. A good incubator can be made at home out of a basket or box, and with a thermometer, blanket, and several hot water bags, a very even temperature may be maintained. But the most difficult task in rearing premature infants is not so much in the prevention of heat loss, but in maintenance of a proper nutrition.

CARE OF THE INSANE

By E. MAUDE JONES

Boston City Hospital

THERE is no class of nursing which calls for more intelligent and careful management than the care of insane. The first point to be observed is, I think, to gain the confidence of your patient. This, in many cases, involves the display of much tact, and careful study of her patient, on the part of the nurse, for the reason that many

insane persons are suspicious of everyone about them, and I have known many patients whose particular delusion was that the nurse was being bribed to poison them. Patients of this class seldom make known why they refuse to take the food or drink offered, and will persistently refuse it. I remember one woman who would take nothing which was offered her in the form of drinks or nourishment, unless first tasted by the nurse in her presence. Many times this procedure is not sufficient to allay the patient's fears, and esophageal feedings must be resorted to for a short period. A nurse should never make false promises to her patient, hoping that, in this way, she may gain the point in question. Many insane people have excellent memories combined with an unusual amount of craftiness which often goes with the disease.

Insane patients, as a rule, lack concentration of thought. Those who are well enough enjoy dancing, gymnastics, driving, walking, coarse fancy-work, such as crocheting with yarn (those of bright hue in particular), and basket-work, while fine embroidery, fine needlework, or any of the finer kinds of fancy-work are but poorly done by those patients who, in health, were proficient along these lines. I remember a woman who, in health, embroidered for the show windows for two of the largest stores in Boston. After her mind became affected she tried many of the coarser kinds of work, such as embroidering sofa-pillows, all to no purpose. She would sit quietly and do excellent work for a few minutes, when she became restless and the stitches were unevenly made, oftentimes in the wrong places.

Much has been done, in late years, for persons afflicted in this way, by providing diversions of many kinds, by the use of hydrotherapeutics, massage, electricity, etc.

Nurses in private work are seldom called upon to care for persons afflicted with mental disturbances in their homes. The care of such patients is very difficult and, as a rule, two nurses are necessary. I was called upon a few years ago to care for a woman who seemed, at first, to be suffering from a severe case of nephritis. After a few days the disease was pronounced premature senile dementia. The patient was in a state of active delirium most of the time, both night and day. Triple bromides were given for sedative, and were found to be better in this particular case than hyoscin or codein, both of which were tried. The bromides seemed to have no effect upon the patient until she had taken repeated doses at regular intervals for two or three days, when she began to feel the effects of the accumulation of the drugs, when there would be perhaps two days and a night of

almost unbroken sleep, out of which the patient would awaken as active as before. I remained on this case six months and found the nursing care much the same as for a person suffering with physical illness and delirium. The back should be well rubbed and powdered at least twice a day, to prevent bed-sores caused by friction. Care should be given the mouth after the medicine is taken, as bromides taken frequently are injurious to mucous membranes. We found it best to keep this woman in bed, as quiet as possible, while in many cases one would think it best to allow the patient up, hoping that by being so active he would become tired or exhausted enough to sleep without the use of drugs. Each person suffering from mental trouble must be treated differently from all others. Among the many hundreds of cases with which I have come in contact, no two were exactly similar in all respects.

THE PHYSIOLOGICAL AND PSYCHOLOGICAL VALUE OF MUSCULAR EXERCISE

By WILLIAM C. RODEN

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THE physiological value of bodily exercise has been appreciated by man for over two thousand years and as early as 336 B. C. a definite and graded form of exercise was practised in the education of the youth as a means of developing a healthy, powerful and agile body, at that time so necessary to man in warfare and as a protection in everyday life.

King Philip II was a teacher in the art of drilling with a spear-like weapon then used in war, and his triumphant victory over the Athenians at the battle of Charonea, 338 B. C., was the result of physical strength and training. And still earlier the Greeks, with acknowledged success, practised running, jumping and wrestling; but the first man to appreciate the need of the public for some definite form of self-training was a then-famous physician, Hippocrates, who had a full and clear comprehension of the direct beneficial effects of several exercises in some conditions of ill health. For corpulence this man introduced the use of a large ball suspended from the ceiling, resembling the present day medicine ball; for the development of the lungs,—running, walking, loud talking and singing and many others having a therapeutical and educational value.

It was not until 1569 that anything was published on exercise,

when Mercurialis in Venice gave to the public a useful volume called "The Art of Gymnastics."

In more recent years, in all civilized countries, associations and clubs have instituted a properly regulated gymnasium for their chief object, and now in almost all schools of both sexes physical exercise is regarded as a necessary element for a sound physical and educational development, and in all cases the practice of these exercises is looked upon as of the greatest importance in establishing a healthy body and mind, for statistics show that impairment of health is intimately connected with mental breakdown.

It is a well established fact that the practice of exercise in company produces good spirits, affording a bodily and mental stimulation to the correct way of performing the gymnastics, and in consequence the effect itself is heightened. There are but few occupations in life, either professional or menial, in which all the muscles of the body are brought into vigorous activity; even in the hard-working laborer muscles may be found in no more advanced stage of development than in the body of the bookkeeper who sits writing all day. There are many sports and pastimes that are excellent in this important muscular development, and among the foremost of these are rowing and horse-back riding, also various ball games, but everyone cannot avail himself of the opportunity to take part in games and pastimes. Walking, although reasonably effective inasmuch as it is usually done in the open air, is one-sided, and to have walking as the only means of exercise is insufficient to health, as often the time to obtain the result cannot be spared; yet in some conditions of ill health, such as convalescence from a serious illness or in the aged and infirm, walking in the open air could not be substituted by any other form of exercise with as good result.

There is a class of people who would refrain from taking part in any games or pastimes as a means of preserving health in consequence of being elderly or weakly, and for this class graded drills, either alone or in company, have done much good in recent years in assisting to retain youthfulness and vigor, and lessened susceptibility to colds and the building up of a greater resistance to disease.

In all persons whose pursuits in life do not readily offer opportunity for exercise and recreation, but quick mental activity often to the point of exhaustion in both heart and mind, will be seen nearly always an under-developed body. The physical life being neglected will invariably show itself in the individual's disposition, being nearly always nervous, irritable and easily excited.

To those able to partake of muscular exercise one of the most direct and beneficial effects is to the circulation, for the body absorbs its nourishment from the blood stream, and to obtain a healthy body calls for a normal circulation. When the large mass of muscle is brought into vigorous activity the heart is stimulated to greater effort, it courses the blood more quickly through the vessels and thereby carries a larger supply to recesses that it would not otherwise find as often. In proportion, the oxygen the blood carries is renewed oftener, thus keeping repair and waste at a higher standard of equilibrium.

The skin also, by the reaction caused, greatly assists the kidneys by eliminating poisonous products of the body, besides stimulating the function of the kidneys themselves. When these chemical changes are quickened throughout the whole body digestion is improved, for when the muscles are vigorously contracted they absorb new blood for their nourishment, thus improving the appetite and stimulating the secretory glands of the digestive tract, so that when a suitable meal is taken the organs are in better condition to assimilate the food and eliminate waste products. When the stomach can no longer take care of the food, toxins accumulate in the tract and are distributed all over the body, causing distress to other organs, and disorders like constipation, flatulence, insomnia, and disturbance in the function of the kidneys, with its train of disorders. As the tissue builder is taken from the circulation, a good digestion is an important factor in the formation of blood. The heart pulsating normally drives the blood to all parts of the body, but it requires muscular assistance in getting it back again.

The nervous system can be greatly improved by exercise, for, it must follow that when the muscular system is made healthier by a regulated activity, the nerves, which govern and control all movements of the body, must be favorably reacted upon.

The nervous system forms a basis to all mental activities and the special senses; therefore, a healthy nervous system favors a normal mental and physical development in the young and adult life. Besides giving strength to the body by the development of each individual muscle, there is a certain firmness added to the body; each movement is made free and easy; muscle sense is more acute, which can be appreciated when walking over a rough or uneven surface. There is a feeling of confidence and security in walking over a smooth surface, like ice; another example of this sure-footedness is noted in stepping from a high to a lower elevation or from a slowly moving vehicle. The judgment is more accurate when the body has a healthy nervous

and muscular system. Lack of this attention to the body is often the direct cause of the most common disorders, and one of the most important of these is constipation. In a person of sedentary habits the circulation becomes sluggish and the blood has a greater tendency to stagnation in the abdomen, producing constipation and often hemorrhoids by the blood vessels in the lower end of the large intestine becoming distended or varicose. The large muscles lining the cavity of the abdomen, by vigorous action, promote the movement of the contents of the intestines and of the circulation of the blood in the vessels. The mucous surface of the intestines is stimulated in its secretion and the liver in the same way discharges a better regulated supply of bile.

A frequent and troublesome feature in nervous and mental disorders is sleeplessness, which may be caused by delusional ideas or psychic activity as in mania and melancholia, but a more serious situation is loss of sleep in persons not mentally disordered but those of a nervous temperament, whose sleep may be interrupted for no apparent reason. It has a serious effect upon the mental functions; the brain does not respond so quickly and the senses are less acute. The reflex movements are very easily excited, as can be seen in the involuntary twitching of the muscles in the first stages of sleep.

In the absence of any physical pain,—duration and quality of sleep obtained depend to a great extent upon the way in which the day was spent.

Inattention to the bodily functions by neglecting proper exercise and over-indulgence in eating are the primary causes, and a continued loss of sleep is a detriment to health and a proper performance of mental functions. In nervous conditions the practice of exercise for one hour during the day when the process of digestion is completed can often assist in the restoration of a normal and refreshing sleep. After muscular activity has been performed and a cold shower bath taken, with a vigorous rubbing of the skin, a decided inclination to sleep results from a natural relaxation of mind and body.

In recent years many institutions for the treatment of mental disorders have adopted a properly graded form of muscular work which the patient must perform with absolute regularity, the result in all cases being very satisfactory; for when a weak body has been made strong with a normal circulation and a good digestion, much has been accomplished towards establishing a complete recovery where possible, and in mental conditions where recovery is doubtful, the patient is benefited in many ways by enjoying physical health.

In all classes of mental disturbance the practice of exercise in

company proves useful. It produces friendship, harmony of mind and obedience. Patients are taught to perform a certain movement at a word of command and rarely will anyone fail to respond, as each one is influenced by example. A demented patient will often take part in drills when all effort at employment has failed, and in cases of mania the patient here finds an outlet and relief when the brain cells are generating abnormally. Morbid fancies are displaced by the patient's effort to carry out the movements with precision and exactitude, and all the time the influence of the will over the muscles of the body is increased. Difficult movements are mastered, giving the patient a better control over the body, and at the same time the psychic effect is educational.

In the age when strength and the capacity for vigorous work are at their full height exercise becomes a necessity to life; especially in a person who has been accustomed to muscular work and suffers a mental breakdown, the necessity for bodily exercise becomes greater. The patient should not be allowed the time in which to dwell upon his morbid ideas, for when attention and concentration are directed upon a sickness, whether real or imaginary, physical or mental, the condition is exaggerated to the afflicted one, and in the case of mind disorders of a delusional type, the more time that is devoted to a delusion, the more complex and confusing does it become of solution to the patient, and as a result personality and habits are entirely changed. The patient becomes careless about his personal appearance, the same attention is not paid to the ordinary rules of hygiene; in the same way the body is neglected until the functions of all organs lose their tone.

When a class is made up of patients of different ages, who differ in their physical condition, the application of all exercises should receive careful consideration, for what would benefit one person may injure others, so when applied as treatment or part treatment it would then remain for the physician to decide the nature of the movements and the length of time best befitting the case. Age and the capacity for work would be the most important things to note. To meet all conditions the muscular movements, to commence with, should all be easy and of short duration, very gradually lengthening the time and complicating the gymnastics that undue soreness of the muscles may not tend to be a discouraging factor to the patient. To those having a tendency to heart disorders the exercise should never be of a vigorous character; the same precaution and moderation should be observed in patients who have hardening of the arteries or arteriosclerosis, wherein

lies the possibility of hemorrhage, when the heart by muscular activity forces a larger supply of blood through arteries that have lost their elasticity. If the exercise causes any distress to the heart, such as pain, palpitation or breathlessness, it should be discontinued and substituted by some form of artificial exercise like massage, for by mechanical movements of the hands on the body the muscles can be kept from deteriorating and the general system improved.

Dizziness sometimes results in exercising by the sudden rush of blood to the head; the work should then be modified and such movements used as would draw the blood from the upper portion of the body. Deep breathing should be practised several times during the course of the drill, as this is one of the best exercises in enlarging the capacity of the lungs, making respiration free and easy and removing any tendency to asthmatic or catarrhal conditions. Chill after exercise should be guarded against and no vigorous muscular movements practised too soon after taking a meal.

The application of exercise as a means of treating physical deformities is often helpful and in some cases gymnastics alone have been the means of effecting a complete cure. A fairly common deformity in which physical movements are used is lateral curvature of the spine, seen quite often in children and usually brought on by the way in which the child was carried in the arms in infancy, and still oftener at school age, by the seat or desk being too high or too low, placing the body in an unnatural position. The movement used for this condition is the bending of the body in the opposite direction to the curvature and at the same time using deep breathing to elevate the ribs on the defective side.

In adult life, when spinal curvatures are caused by injury or disease, exercising the part is helpful. A bent carriage of the head may be the result of injury, spinal curvature, contraction of the muscles, or solely from habit, and the retracting of the head to the opposite side can often straighten the crooked vertebra.

In stooping from habit, the turning inward or outward of the feet, or where there is weakness of the muscles with slight paralysis, very moderate but regular exercise is of the greatest value.

These instances are but a few of many where abnormal conditions of mind and body may be benefited by attention to the proper development of the muscular system. As a preventive of disease and deformity, the full value of physical exercise can only be appreciated by the individual who enjoys perfect health and who is equipped with the powerful body and clear mind, which are such enviable possessions and such important factors in an age of competitive struggle for superiority.

ANÆSTHESIA AND ANÆSTHETICS *

By FRANCES TRUCKEY

Graduate of St. Vincent's Hospital Training School, Toledo, O.

WHILE surgeons for many years have advocated the so-called "team-work" in their operating rooms, operating for years with the same assistants, trained in the methods of the operator, but slight thought has been given, until recently, to the selection of the anæsthetist. In general hospitals the junior interne, fresh and inexperienced and just graduated from the medical college, where he had received no instruction in anæsthetics and anæsthesia, was almost uniformly selected as the anæsthetist. By the time that this interne became fairly skilful in the administration of anæsthetics he was transferred to other service in the hospital and his place as anæsthetist taken by another inexperienced man. Finally, however, surgeons began to realize that a poorly administered anæsthetic had much to do in the production of surgical shock and thus became an important factor in the post-operative mortality rate. The recognition of this fact and the determination to reduce the mortality rate following operation to the lowest possible point, made necessary the employment of specially trained anæsthetists who, having no ambitions to become surgeons, would not only give their undivided attention to the patient and the anæsthetic, but also continue in the same work year after year, becoming more efficient and more valuable as time passed and as experience grew.

Many of the best surgeons in America are employing graduate nurses as their anæsthetists, notable among them being the Drs. Mayo of Rochester, Drs. Murphy, Bevan and Ochsner of Chicago, and Dr. Crile of Cleveland.

A nurse of pleasing personality has a gentle, quiet way about her which makes for composure and confidence in the patient. Excitement and fear are banished by her comforting and soothing words and, in many instances, she practically sings the patient to sleep, assisted by a much smaller quantity of the anæsthetic than would be possible otherwise.

We have local and general anæsthetics. Of the local anæsthetics, cocain in some of its forms, dissolved in sterile water, is the one most frequently employed. This may be applied to mucous surfaces by

* Read before the Toledo Graduate Nurses Association, Toledo, O., April 25, 1911.

simply brushing the cocain solution over the parts and allowing it to remain until absorbed. In the skin and deeper structures, infiltration anæsthesia is employed. Here the cocain solution is injected into the tissues by a hypodermic needle, and the distention of the parts as well as the absorption of the cocain acts to produce an anæsthetic state.

This infiltration anæsthesia has been employed by Dr. Smith quite often in operating on perforation of the intestine occurring in the course of typhoid fever. Typhoid fever patients are bad subjects for general ether anæsthesia. However, nitrous oxide gas and oxygen have not the depressing effect of ether, and this method of general anæsthesia bids fair to displace infiltration anæsthesia in typhoid patients.

Ethyl chloride, in the form of a spray, freezes the skin and so becomes an anæsthetic. Ice applied to the skin has some anæsthetic action, as also has carbolic acid in spray form.

Of the general anæsthetics we have chloroform, ether, and nitrous oxide gas with oxygen, named in the order of their mortality rate when administered by the ordinary anæsthetist to the ordinary patient.

Chloroform, as a universal anæsthetic, has seen its best days, although it still holds a valuable place in obstetric surgery.

Ether was first employed at the Massachusetts General Hospital by Morton in 1846 and to-day is the best and safest anæsthetic for general purposes, when administered by a competent person, with the one exception of nitrous oxide gas and oxygen.

The best method employed in the administration of ether is that known as the open drop method. Some form of Eschmarch inhaler covered with from four to eight thicknesses of gauze is employed. At first the inhaler is held at a short distance from the face, in order that the patient may receive plenty of air, thus avoiding that sense of suffocation of which so many otherwise complain. Soon the inhaler is placed upon the face and the administration of the ether continued drop by drop until surgical anæsthesia is obtained.

In my own experience with ether as an anæsthetic, I have found that certain conditions regarding the pupils of the eyes have been of great value in determining the degree of anæsthesia, and I would recommend as safe rules for guidance:

- (1) With a moderately dilated pupil, responding to light, with cornea reflex present, the patient is just going under.
- (2) With a moderately contracted pupil, responding to light, without cornea reflex, the patient is safely surgically anæsthetized.
- (3) With a largely dilated pupil, that does not respond to light, with cornea reflex present, the patient is in danger.

(4) With a pin point pupil that does not respond to light, with cornea reflex absent, the patient is dying.

Some anæsthetists say that it is not necessary to watch the eyes or pulse when giving ether, and that the respiration and color are of the greatest importance. To this I cannot agree and, while not ignoring the value of respiration and color, place greater dependence upon the condition of the pulse and the pupils.

The administration of ether, as well as of nitrous oxide, should be preceded by a hypodermic injection of morphine $\frac{1}{8}$ to $\frac{1}{4}$ grain, and of atropine 1/150 to 1/100 grain; or, as advocated by Dr. Crile in gas anæsthesia, morphine 1/6 grain and scopolimine 1/100 grain. These should be given one-half hour to one hour preceding the use of the anæsthetic. Dr. Crile claims that scopolimine, better than any other drug, does away with that element of fear, which is such an important factor in post-operative mortality.

Before the patient is sent to the operating room, it is well to have the mouth and teeth thoroughly cleaned and the nose sprayed with some cleansing and antiseptic solution. These precautions somewhat lessen the dangers of post-operative pneumonia. It is also advisable to have the stomach empty, even if the stomach tube must be used.

We think it a good plan to have the nurse in charge of the patient accompany her to the operating room, and to have previously explained to her what will be done and what is expected of her in the taking of the anæsthetic.

In arranging the position of the patient on the table before beginning the anæsthetic, the head should be so placed that all the muscles of the neck are relaxed. The lower jaw should be held forward and upward. Absolute silence should prevail in the room during the beginning of the anæsthesia, and no surgical preparation of the patient should be begun until anæsthesia is complete.

If the patient is kept warm and the chest well covered, not only during the operation, but especially afterward, there is not great danger of post-operative pneumonia. Old people are the ones most liable to pneumonia and it is advisable to place and keep them in a sitting posture immediately after the operation. This posture prevents passive congestion of the lungs.

There can be no rule as to the quantity of ether necessary to produce anæsthesia in any given case, as so much depends on the nature of the operation, the condition and personal peculiarities of the patient. Naturally, the shorter the period of anæsthesia and the smaller the quantity of the anæsthetic, the better. However, too small a quantity

of the anæsthetic will allow the patient to resist the surgeon, delay the operation and, through this delay, cause greater danger to the patient than would an increased quantity of anæsthetic.

After daily observation for several weeks of the administration of nitrous oxide gas and oxygen, at the clinic of Dr. Crile at Lakeside Hospital, and after witnessing, as a private student, nearly 100 gas-oxygen anæsthesias by Dr. Charles K. Teter, of Cleveland, I am convinced that this gas-oxygen method of anæsthesia is, in the hands of an expert administrator, by far the safest of all known methods. As Dr. Teter has well said, it is the safest of all anæsthetics in the hands of an expert, and the most dangerous in the hands of one not an expert. Dr. Crile refuses to allow an interne to give the gas-oxygen and insists upon its administration by his specially-trained and experienced graduate nurse.

Gas-oxygen is especially indicated in operating on patients greatly debilitated by sepsis, by profound hemorrhage or by exhausting disease. It can be safely given to patients with marked lung complications, and to those with structural disease of the kidney. In fact, it finds its greatest indications in those very cases where ether is so frequently contra-indicated.

CRITICAL PERIODS IN PROFESSIONAL LIFE *

"OVER-BALANCE." To many just graduated in their profession there comes a feeling of "cocksureness," if I may be allowed the expression. We are apt to go around with the air of asking people to question us so that we may show what we know. We develop hypertrophy of the centre of conceit so that it is an apparent diagnosis to the tyro. This is what I have called the over-balanced attitude. It does not affect all, but unfortunately many of us are victims of it, and we ourselves actually suffer during the period very acutely. This over-balanced attitude sometimes takes the form of intolerance toward the opinions of those who have had years of experience but who have not been trained in the strict modern scientific method. We are at times apt to sneer at theories which we have had the good fortune to see exploded by the newer methods of research. And in sneering at the theories we easily pass to the next stage, mild contempt for the one who expresses opinions as facts which are no longer facts. Let us not fall into this attitude. Let us hope that this pitfall will not catch any of you, that you may receive your diplomas with an ambitious but yet humble frame of mind. . . .

* Extracts from the address of Dr. Warfield, read before the graduates of Telfair Hospital, Savannah, Georgia.

THE RED CROSS



IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of National Committee on Red Cross Nursing Service

THE work of organizing state and local committees on Red Cross nursing service has progressed most favorably, and we have at present thirty state committees and sixty-six local committees, with from five to ten nurses on each committee, making a total of about 600 representative women in different sections of the country co-operating with us in the work of enrolling Red Cross nurses.

A general appeal for nurses to enroll under the Red Cross for the service of their country was sent out, and the response has been most gratifying. The requirements for enrolment have been made uniform with those for admission to the Army Nurse Corps, and the blank forms used are such that they may be utilized at any time for the office records of the Surgeon-General, should it be necessary to assign these nurses to duty in military hospitals, thus reducing to a minimum the clerical work involved when an emergency arises.

We now have over 1800 Red Cross nurses ready for service either in time of war or national calamity. Seven hundred and fifty of these have enrolled since January 1, 1911, and new applications are now coming in at the rate of about 200 a month.

Early in May, during the battle of Juarez, across the border from El Paso, an appeal was sent to the American Red Cross asking for assistance in caring for the wounded. At first it seemed necessary to establish a Red Cross hospital, and two Red Cross nurses, Miss H. Grace Franklin and Miss M. Frances Birmingham, who were in El Paso at the time, signified their willingness to render any help possible. Miss Franklin undertook the organization of a local relief corps of nurses, but on May 16 the Mexican Red Cross assumed control of the situation, and further assistance of the American nurses was not needed.

On May 11 a request was received at the War Department from the commanding officer of the base hospital at San Antonio for the assignment of six Red Cross nurses to that hospital. As this is an army hospital, it seemed wise to assign a member of the Army Nurse Corps as chief nurse, and Miss Bessie Bell, a graduate of the Boston City Hospital Training School, was ordered from Fort Bayard to San Antonio

for this purpose. A telegram was sent by the chairman of the National Committee on Red Cross Nursing Service to the headquarters for Red Cross nurses, St. Louis, Mo., asking if six Red Cross nurses could be secured for immediate service in San Antonio. A prompt response came from Miss Margaret McKinley, registrar, stating that the following nurses had been selected and were ready for duty: Emma H. Beyer, Eleanor L. Bollman, Anna Belle Cawley, Julia H. McCorbrey, Celina B. Rohlfing, and Anna C. Struckmeyer. As soon as arrangements for their transportation could be made, they left St. Louis, reporting to the officer in charge of the base hospital, Fort Sam Houston, San Antonio, Texas. Most satisfactory reports concerning the efficiency of these nurses have been received from the commanding officer, convincing us that our plan of selecting and assigning nurses to duty is entirely practicable and will guarantee an adequate and satisfactory nursing personnel for any need which may arise.

As many enrolled Red Cross nurses were in Boston during the meetings of the Nurses' Associated Alumnae early in June, it seemed a favorable opportunity to meet, not only the enrolled nurses, but members of the state and local committees as well. A generous contribution from Mrs. Whitelaw Reid, a member of the National Committee on Red Cross Nursing Service, made it possible to give a Red Cross reception at Hotel Brunswick, Boston, on the evening of June 2. Over 200 members of committees and enrolled Red Cross nurses were present, the following members of the National Committee receiving: Mrs. William K. Draper; Miss Anna C. Maxwell; Miss Jane A. Delano; Major Charles Lynch, U.S.A.; Medical Inspector John M. Edgar, U.S.N.; Miss Georgia M. Nevins; Miss Sophia F. Palmer, and Miss Emma M. Nichols.

The following letters of greetings and congratulations were read:

American Red Cross, Washington, D. C., May 24, 1911.

Miss Jane A. Delano,

Chairman, National Committee Red Cross Nursing Service,
Washington, D. C.

DEAR MISS DELANO:

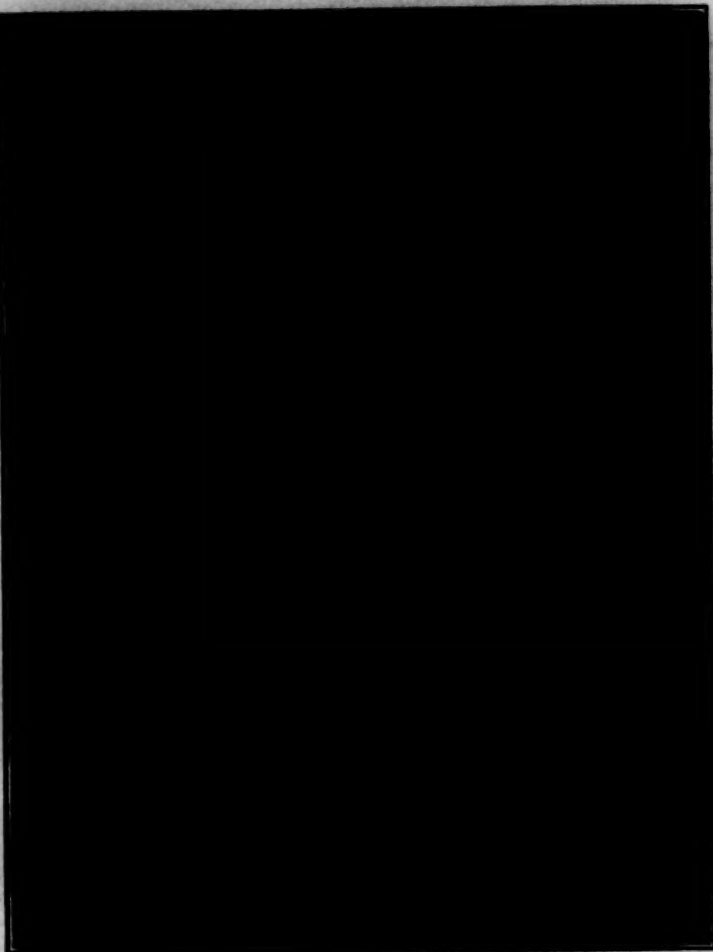
Through you I desire to extend greetings to the members of the various nurses' committees who have assisted in organizing the Red Cross Nursing Service in the United States, and particularly to all of those who have enrolled under the Red Cross for the service of their country in time of need.

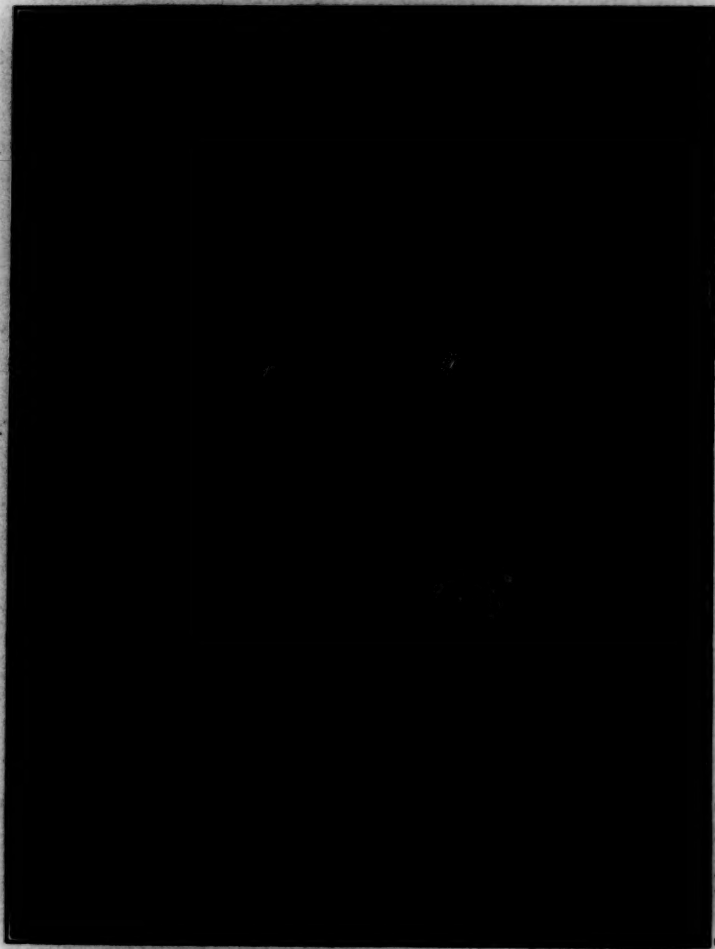
Yours sincerely,

(Signed) WM. H. TAFT,
President, American Red Cross.

By permission, Manila postcard.

RED CROSS NUMBERS ON DUTY AT SAN ANTONIO.





By production. Media: photo.

RED CROSS NURSES ON DUTY AT SAN ANTONIO.

War Department,
Office of the Surgeon-General,
Washington, D. C., May 25, 1911.

Miss Jane A. Delano,
President, Associated Alumnae of the United States,
Washington, D. C.

MY DEAR MISS DELANO:

It is with great gratification that I learn that nearly 2000 nurses have enrolled in the Red Cross Nursing Service. The Medical Department always looks upon these nurses as its reserve in time of war, and this large enrolment is the most encouraging information I have received in a long time with reference to our efforts to prepare the Department for its work in time of emergency.

I hope you will take occasion at your Boston meeting to express my appreciation of the patriotism shown by the state and local committees and the nurses throughout the country in responding to the call to join the Red Cross Nursing Service.

With a large enrolment of Red Cross nurses, the difficulties that have been experienced by the Medical Department in obtaining a suitable nursing service will be impossible in the future.

With my personal appreciation of the splendid work you have done as Chairman of the National Red Cross Nursing Service, believe me,

Very sincerely yours,

(Signed) GEO. H. TORNEY,
Surgeon-General, U. S. Army.

American Red Cross, National Headquarters,
Washington, D. C., May 26, 1911.

Miss Jane A. Delano, Chairman,
National Committee on Red Cross Nursing Service,
Washington, D. C.

DEAR MISS DELANO:

Will you kindly express for me to the nurses gathered at the Red Cross reception my great regret that important work in Washington prevents my being in Boston, as I would so much like to be.

Let me say in the name of the officers of the Red Cross how greatly pleased we are with the enthusiasm and interest our American trained nurses are showing in the Red Cross Nursing Service. The spirit of

patriotism and humanity thus evinced means not only a great service to our country, but is an inspiration to the Red Cross Nursing Service throughout the world.

With the help of our nurses in America we believe that eventually there will exist no finer corps of Red Cross nurses than that in the United States of America.

Thanking you and all other nurses for your earnest help and co-operation, I am,

Yours sincerely,

(Signed) MABEL T. BOARDMAN.

KEEP THEM OUT

Rules for Dealing with the Fly Nuisance

SCREEN all windows and doors, especially the kitchen and dining-room.

Keep the flies away from the sick, especially those ill with contagious diseases. Kill every fly that strays into the sick room. His body is covered with disease germs.

Do not allow decaying material of any sort to accumulate on or near your premises.

All refuse which tends in any way to fermentation, such as bedding, straw, paper waste, and vegetable matter, should be disposed of or covered with lime or kerosene oil.

Screen all food.

Keep all receptacles for garbage carefully covered and the cans cleaned or sprinkled with oil or lime.

Keep all stable manure in vault or pit, screened or sprinkled with lime, oil, or other cheap preparation.

Cover food after a meal; burn or bury all table refuse.

Screen all food exposed for sale.

Don't forget, if you see flies, their breeding place is in nearby filth. It may be behind the door, under the table or in the cuspidor.

If there is no dirt and filth there will be no flies.

If there is a nuisance in the neighborhood write at once to the Health Department.—Issued by the Merchants' Association's Committee on Pollution of the Waters of New York.

FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

ITEMS

THE corps of French Army nurses has had a great loss in the death of two of its most exemplary and devoted members, Mlle. Noémie Viand and Mlle. Suzanne Bascle. They were both from the Tondou School, and had only graduated a couple of years ago. Appointed to the army service in 1910, they had both made a brilliant record in saving typhoid patients, Mlle. Viand working through an epidemic at Toul, and Mlle. Bascle at Nancy. Their own lives were the forfeit. The utmost gratitude and recognition were shown them by the army and the public, and they were given military funerals. They were both under thirty years of age.

THE Third Volume of Nursing History is meeting with world-wide co-operation. The Danish chapter, undertaken by the national association of Denmark, arrives this week. The Canadian chapter, begun by Miss Brent, has had to be given up by her on account of pressure of work and its strain upon health. It has been most helpfully taken over by Mrs. Lyman, of Ottawa (formerly Miss M. Louise Meiklejohn), who, as the author of a learned and delightful article on "The Early Hospital History of Canada, 1535-1875, A.D." [*Montreal Medical Journal*, vol. 39, May, 1910], is a collaborator to be indeed valued. The Irish matrons, with their customary energy and friendliness, have a sub-committee formed to collect material which will be put in shape by the editor. Mme. Mannerheim's account of Finland and Miss Maclean's chapter on New Zealand are most interesting. Those chapters that have been largely prepared by the editor she cannot of course praise in public. The superintendent of the United States Indian School at Carlisle, Pennsylvania, is giving information regarding the training and careers of Indian nurses. The illustrations should be very interesting and varied, though it is a disappointment not to be able to obtain a photograph of a Norwegian district nurse driving a reindeer, which Miss Wald once saw in Norway. The History must go to the printer in September.

MISS MOLLETT's American friends, and especially those who have themselves gone "back to the land," will be interested to know that she is retiring from professional life after a long and brilliant service as Matron of the Royal Southampton Hospital, and intends managing a model chicken farm in co-operation with a friend. Much success to her. We trust she will still continue to respond whenever the war cry is sounded.

THE excessive overwork of German nurses, especially in institutions, is receiving some grudging attention from the governing powers. In Potsdam an official order has recently gone forth that hospital hours shall not exceed ten or ten and a half. The various bodies of progressive women in Germany have been giving this matter of overwork their earnest attention. Sister Agnes spoke before a meeting of the Women's League for Promoting the Well-being of Women Workers not long ago, and set forth the dreadful destruction of nurses' health and lives. The League then passed unanimously a resolution to the Reichstag, urging an inquiry into the conditions of nursing work, and a humane regulation of their hours of labor. The action of the Potsdam governor followed this meeting. The voice of the women was therefore not unheeded.

A CLUB HOUSE for nurses is contemplated by some groups of nurses in Berlin, and photographs or blue prints showing the plan and equipment of American club houses would be received with much satisfaction by the promoters of the plan, by way of getting ideas as to the building and furnishing of such clubs in this country. Any nurses' association here that can give such material may address it to Herr Georg Streiter, Berlin, N. 58, Schönhauser Allée 136, Germany.

MRS. KLOSZ, editor of the *Nursing Journal of India*, has recently been one of the guests of the *British Journal of Nursing* at the Society of Women Journalists' dinner in London.

THE branch of the French League against Alcoholism to which Dr. Hamilton, Mme. Kriegk, and a number of the Bordeaux nurses belong, has published an excellent leaflet entitled "The Alcoholic Peril," recounting the action of alcohol as related to disease, degeneracy and crime. It is written by Prof. Ruyssen. As Southern France is a wine-growing country the economic question is present to complicate the movement. Should not the grape-growers be induced to make grape-juice instead of wine? They must face ruin unless they have some market for their wonderful grape crops.

NOSOKOMOS gives us an interesting item about Belgium and its state registration, which is very superficial and elementary. A Catholic brother, writing to the *Catholic Nursing Journal*, criticises the examination because it is purely theoretical, and points out how worthless an examination on book knowledge alone is, without corresponding practical tests and standards. This suggests a commendable stage of modern advance in opinion and is encouraging, showing that the nursing orders of Belgium are not standing still.

IN March the Canadian Legislature devoted three hours to a serious and largely favorable discussion of woman suffrage.

IN Denmark the Lower House of the Legislature has passed by a large majority the proposals for constitutional revision, including Woman Suffrage. The conservative Upper House stands in the way of progress.

IN England a most unique historical event took place a month ago, when the Lord Mayor of Dublin, surrounded by his Councillors, entered the House of Commons to present in person their request that the bill then pending, giving the Parliamentary franchise to about one million women, be passed. The Mayors of Dublin and of London are the only ones who have the privilege of thus presenting themselves in person at the Bar of Parliament.

MISS ANNIE DAMER, prominent in nursing organization in the United States, is spending a year in Ireland and England. She will probably stay over for the Cologne Congress in August, 1912.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF
EDNA L. FOLEY, R.N.*

"THE CHILD IN THE MIDST"

THE NEW YORK-CHICAGO CHILD WELFARE EXHIBIT

BY CURRIE D. BRECKINRIDGE, R.N.

Chicago Visiting Tuberculosis Nurse

A THOUGHT is like the circles made by a pebble on the surface of the water; it drops silently, the circles rise and spread, the first merging into the second, the second into the third—and finally they are lost to sight on the bosom of the lake.

A Sunday school teacher in New York City thought how helpful it would be to have an exhibit of the work done by the children of her Sunday school. Someone who saw that exhibit thought how beneficial it would be to have an exhibit of the work and conditions of many children, and so the New York Child Welfare Exhibit grew,—“after three years’ work on the part of hundreds of New York citizens most interested in children.” A Chicagoan, seeing the exhibit, conceived the idea of reproducing it in Chicago; it seemed an almost impossible undertaking, but when “A woman wills” things are apt to move along most rapidly. Mrs. Cyrus H. McCormick, Jr., found that her offer to furnish the means of bringing the exhibit westward was enthusiastically received by the earnest people of Chicago, who gladly volunteered their time, strength, and intellect in the service of the children of their city.

Large and generous as was the gift itself,—for the cost of bringing the exhibit was fifty thousand dollars, in addition to the one hundred thousand in New York,—in the final summing up of things, the kindly, helpful interest of both Mr. and Mrs. McCormick, to say nothing of the untiring efforts of Mrs. Emmons Blaine, will be as far-reaching in their effect as the more easily-given financial support.

* Material for this department should be sent directly to its editor, 105 West Monroe Street, Chicago.



THE SINGING NURSE



Thus, with only a few weeks for preparation, the people of Chicago united to produce the Child Welfare Exhibit, an undertaking unsurpassed even in Chicago by anything except the great World's Fair of '93.

Important parts of the preparation where the instructions and conferences held for the benefit of committees and the placing of many volunteers in charge of sections as explainers. The lectures given to the two thousand explainers were, in themselves, of vast benefit,—broadening the vision of the many social workers so that each one was better able to realize her responsibility as a necessary part of the splendid whole.

On Thursday, May 11, at six o'clock, the doors were thrown open by Miss Addams, or "Jane Addams," as she is affectionately called by all sorts and conditions of people, and fitly does she embody the meaning in that good, old name—"A gracious gift of God."

When one is told "to write an article in which she touches on those things of particular interest to nurses," she is given such a wide range that it seems impossible to complete it in a few thousand words. For is not everything of particular interest to nurses? Surely the woman who receives from the doctor's hands the tiny babe and hears its first weak cry is interested in all things pertaining to its welfare. Surely the nurse, who has watched over a patient in her days of suffering and finally has seen her return home, is interested in the conditions awaiting that patient and is anxious to lessen the difficulties of that tired mother, and so all home conditions become of interest to the nurse. Or perhaps her sympathies have been touched, and consequently her knowledge broadened, through some humble worker, one of the many maimed and crippled in the great industrial world, and the nurse has finally seen him leave the hospital, weak and discouraged, wondering how in the future the wolf is to be kept from the door of his home, and she becomes alive to conditions in the great industrial world through her interest in his welfare; and so in the daily routine of the hospital, touching as she does the great facts of life and death, of suffering and self-sacrifice, she learns that the study of mankind is "man."

As the building in which the exhibit was held covers twice as much space as the Seventh Regiment Armory in New York City, the exhibit here covered twice as much, for it was Chicago added to New York. The centre of the Coliseum was reserved for "living-exhibition" and daily groups of children gathered in "The Court," a huge open space, marked off with ropes and Corinthian columns, hung with paper garlands of laurel leaves and roses, and most effectively topped with big, blue and white plaster medallions of the Della Robbia Bambino. In connection with the Bambino occurred a pathetic incident. One after-

noon, a Jewish couple, a humble toil-worn pair, brought their little son to be examined. The child had two fingers badly deformed by elephantiasis and the mother said: "We brought our little son because that baby (pointing to the picture of the Bambino) had two fingers just like our boy and we knew we'd get him cured here."

Facing the Court, near the main entrance, was Mr. Lorado Taft's imposing group "The Blind," and many halted, arrested by the beauty of that baby face, and passed on, haunted by the tragedy of the lives of its unseeing elders. Continuing north, one came to the platform where daily the Boy Scouts displayed their skill and the unconsciously-acquired manliness which their drills impart to them.

Philanthropy was the first main division and the subdivisions under it were, Clubs, Associations and Settlements. Beyond were the "Model Homes" at a "moderate cost"; "Good and Bad Food" counters; "Three Simple Meals for a Child," etc. Then the "Work and Wages" section with illustrations taken from life, one of the most realistic being the willow plumes made by tiny children. How many of us realize that the thousands of knots, tied in these graceful, beautiful feathers, are tied by wee baby fingers, as yet unprotected by labor laws, but far too early acquainted with the double tragedy of long hours and under pay? Close to this exhibit was that of the Juvenile Courts, and perhaps one of the most effective posters was the one showing Father Knickerbocker in a Shoe, with a cat-o-nine-tails, the children fleeing from it in terror, but some, nevertheless, caught within reach of its cruel thongs. In the next, Father Knickerbocker has reformed. He is sitting in a big arm chair and the children are climbing confidently upon his knee, "to tell him all about it." The next section was given over to a toy shop and a child's play-room furnished in a most fascinating manner with furniture evolved from boxes of all sizes. Beyond was a miniature playground, where a sand pile and a slide, in a very restricted place, suggested endless possibilities for a small city back-yard.

The Library and Museum exhibits were interesting in their completeness, and were made more so by the children always to be found in their books or engrossed in the study of the birds or flowers so well displayed.

On the second floor of the Coliseum were the so-called "Live Exhibits," being the actual work being done by children of the Public Schools. In the court also were drills and dances and games and songs given by the school children and the play-ground children. When those fresh young voices rose clear and sweet in "The Star Spangled Banner," many paused involuntarily, touched by the sweep and joy of the music, and as one saw the progress of the Chicago schools and realized what

splendid work Mrs. Young has done as Superintendent of Schools, every woman felt a thrill of pride. Whatever may have been Dr. Osler's theory in regard to man, Mrs. Young has demonstrated that woman is at the height of her usefulness at sixty!

Another exhibit, showing how the wheels of progress have turned, was that of the Sunday schools, with modern kindergarten methods; and of "institutions" which placed the child in a private home and used the original "Home" only as a temporary station for the little one consigned to it.

Nearly one-half of the floor space was devoted to the Health Section, over the main entrance to which was a little red light that went out every twenty seconds, flashing the death—somewhere in this busy world—of an infant, from a preventable disease. How quick the flash comes around again, as we stand aghast, awed by that object lesson. Nor is our burden lessened when we see Time, with his scythe, cutting down, as the procession passes, every fourth baby born, teaching us the same sad lesson,—that every fourth child is dying of a preventable disease.

Next to a perfectly-equipped incubator room of the Lying-In Hospital was a typically dirty kitchen, prepared in haste for the stork's arrival, and the obstetrical outfit and careful preparations showed the possibilities of regarding the rules of aseptic technic, even in a very poor home.

Everywhere one turned were colored posters, maps, and figures, living exhibits teaching the right way to live and showing the results of ignorance. One heard over and over, "Oh, if I had only known!" And above all was a huge poster showing what Chicago owes to its children, and although much has been done, the debit side is large. One cannot go into detail now, nor is that necessary, for there will, in due time, be published a more complete report even than the *Hand Book of the Exhibit*, interesting though that was.

One of the exhibits that interested the people most was the one on the "Prevention of Blindness," which was quite remarkable in its scope, as well as in its simplicity.

The exhibit on "The Care of the Teeth" was excellently planned. One mother whose boy had developed tuberculous glands was deeply impressed when the nurse told her of the twenty organisms found on the teeth and exclaimed, "Do those bugs jest fly down the throat?" One small boy passed by holding his aching jaw; the nurse seized him, cleaned out the tooth, meanwhile offering the information that the mouth is the chief gateway of disease; tuberculosis, pneumonia, grippe, diphtheria, scarlet fever, and whooping cough can all find lodging in the teeth in that one little hole. The small boy's mother went away convinced that he had better have the tooth looked after.

Then there was a demonstration showing the effect of unpasteurised milk from the tuberculous cow on the unfortunate infant fed with it, and the same milk, after pasteurization, being fed to an infant the same age as the first, but twice its size.

In the exhibit of the Tuberculosis Institute the nurses made paper drinking cups, weighed and measured children, and explained the splendid maps and pictures showing the hold of the disease on Chicago. There was a doll dressed as a child should be who slept outdoors. (One mother came to get directions for the making of a sleeping bag for her little boy; upon being questioned, it finally developed that the little boy was a tall youth of twenty-four.) The Health Alphabet written by one of the nurses of the Tuberculosis Institute and published in the June JOURNAL attracted much attention, as did the effective and striking screens and the poster of the visiting nurse, just across the way.

The Eugenics Department was always crowded and it was interesting to note with what perfect unconsciousness of self, boys and girls, men and women studied the facts of life, or listened in rapt attention to the explainer's information. One woman did remark, "This is not a thing for girls to know," but when the explainer replied, a little sharply, that "the girls would soon be women and the sooner they realized that motherhood was a profession of which to be proud, the better for the world," the woman admitted that perhaps she might be wrong.

Next to the Eugenics Department was an exhibit consisting only of some half dozen photographs and yet that was one of the most pathetic of the whole exhibit,—The Frances Juvenile House—"The only Institution in the world that cares for and educates the innocent children afflicted with venereal diseases. The ultimate aim is to lift these children out of a life of ignorance and neglect into a future of hope and usefulness. It accommodates fifteen—it should accommodate a thousand.

Turning from the tragedy and pathos of this series of pictures, one is cheered by the view of the Baby Welfare Exhibit. A live exhibit it surely was, for the mothers and the babies were brought from their district in a bus and here the Conference was held, just as it would have been held at the Station in the District. The babies were weighed, examined, and the mothers advised, admonished or encouraged, as the case might demand. They were protected from the crowds by glass screens, around which was a railing, and the crowds surged and thronged, anxious to get a glimpse of "The Baby." Tired mothers and anxious fathers came to the nurses for advice about the baby. In connection with this exhibit again was found a contrast, for there was a room from the Stock Yards neighborhood in which the nurse did milk modification and demonstrated that even in a home which she found filthy she could

and did make an impression on the whole family. There also was the home-made ice box, which was to be seen in several exhibits. Next to this exhibit was that of the baby tent, under the auspices of the Visiting Nurses' Association, and in two of its little cribs were displayed dolls improperly dressed (an Italian bambino swaddled up to its neck and a Polish baby tied up in a pillow) while an American doll-baby, kicking in the undisguised comfort of a little shirt and a single napkin, in a third dressing in hot weather.

One woman came to the explainer, saying, "If I'd only known I might have my baby to-day." "Yes," said the explainer, "but you know now, go and tell some other mother that she may be saved the need of lamenting her baby." "I will! I will! for if I'd only known." One elderly visitor was much incensed because the "dear little things did not have night-gowns put on them when they were weighed." She said, "It wasn't modest!"

A little space should be devoted to the Conferences. The crowds were so great that they could not be held in the Coliseum, so the use of Grace Episcopal Church was kindly offered by the rector, and the Conferences seemed to partake somewhat of the spirit of the sacred edifice. Its dim coolness seemed like an oasis after the intense heat and throngs of the Coliseum next door. The programme of these Conferences contained a grouping of topics and a classification of subject matter which it was hoped would prove of benefit to the student of Child-Care in the city.

Perhaps the only discordant note heard at any one of these discussions was sounded when Dr. Cabot said to an audience in which there were many nurses that he did not believe nurses made good social workers; that their training was of such a character as to make their outlook too narrow for sympathy. Naturally, the nurses took exception to these remarks. But, after all, criticism, however undeserved, may be beneficial, and it might be well for those who have the moulding of the women who are to represent our training schools (for the pupil nurse of to-day is the leader of to-morrow) to see to it that they do not turn out mere machines. One of the most significant of the Conferences was the one on the morning of the last day, when Dr. Hugh Patrick graphically pointed out the needs of the epileptic, the last one of our dependent children to be left absolutely unprovided for by the State of Illinois. The speaker who perhaps drew the largest crowd, and who was listened to with deep interest, was Dr. Booker T. Washington.

The public that came to scan and remained to study this large exhibit marvelled that so much could have been assembled in a short three months, but to the workers, the exhibit represented a truly stupendous

undertaking, made possible only by perfect co-operation of "many men and many minds." One short article could not do justice to, but perhaps it will suffice to convey at least the spirit of the Child Welfare Exhibit, where race, creed and color were lost sight of in a common human interest, where, as the circles widened, French and German, Japanese and Russian, Jew and Gentile, Black and White, forgot their prejudices and remembered only that "Their Souls were all alike," and understood how "God's possible may be known through this world's loving."

MUNICIPAL TUBERCULOSIS SANITARIUM, CHICAGO

RESOLUTIONS GOVERNING THE CLASSIFICATION, ELIGIBILITY AND SALARIES OF NURSES IN GRADE II, DIVISION A, MEDICAL SERVICE, OF THE MUNICIPAL TUBERCULOSIS SANITARIUM.

I—CLASSIFICATION:

Be it Resolved,

- (1) That Nurses in the Dispensary Department of the Municipal Tuberculosis Sanitarium shall be classified in accordance with the Municipal Civil Service classification in Division A, Medical Service, as follows:

Grade II—Field Nurses,
Grade III—Supervising Nurses,
Grade IV—Superintendent of Nurses.

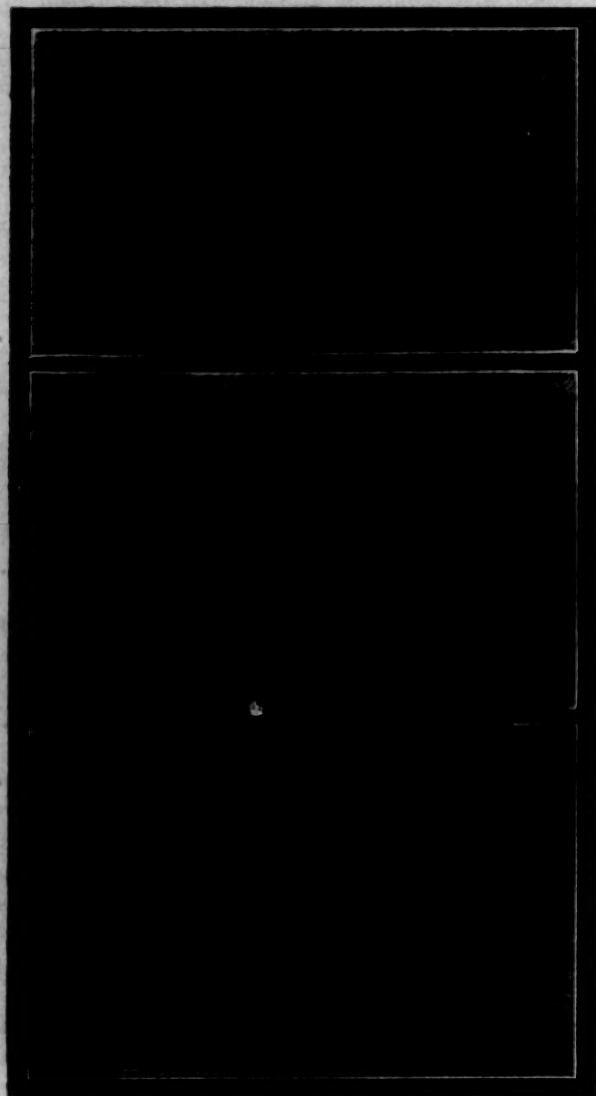
- (2) That for purposes of administration, Field Nurses, Grade II, shall be further classified according to duties performed, as follows:

Group I—Field Nurses,
Group II—Assistant Head Field Nurses,
Group III—Head Field Nurses.

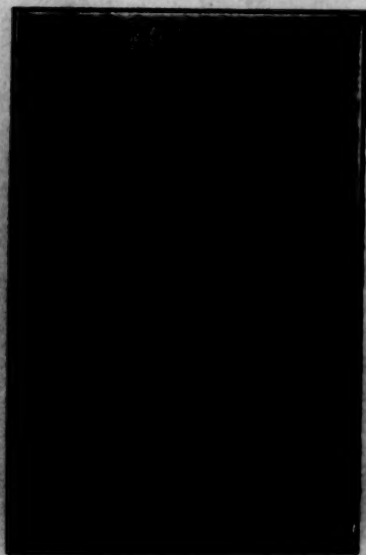
- (3) That the salaries of Field Nurses in the above-named Groups of Grade II shall be fixed as follows:

Group I—Field Nurses	\$70.00 per month
Group II—Assistant Head Field Nurses	80.00 per month
Group III—Head Field Nurses	90.00 per month

and that advancement from one group to the next higher shall be made with regard to efficiency and length of service.



Newark, N. J., Open Air School, opened February 5, 1911, by the Board of Education and the Anti-Tuberculosis Association. Capacity, 30 children. (Loaned by the Newark Anti-Tuberculosis Association.)



An improved shelter, covered and
closed with tar paper, inexpensive and very
satisfactory. (loaned by the Newark Anti-
Tuberculosis Association.)

- (4) That nurses who received original appointments in Grade I, April 5, 1911, or thereafter, shall be assigned to Group I, at \$70.00 per month, except such as have had more than two years' service on either the staff of the Municipal Tuberculosis Sanitarium or the Chicago Tuberculosis Institute, or both combined, and were then receiving more than \$70.00 per month. The pay of such nurses shall be the same as they were receiving on said date and may thereafter be advanced in accordance with this resolution.
 - (5) That Field Nurse in Group I may be advanced to Group II—Assistant Head Nurses, on a basis of efficiency and seniority, at the expiration of one year's service.
 - (6) That Nurses in Group II may be advanced to Group III—Head Field Nurses—whenever a vacancy occurs, such promotion to be based on efficiency, seniority, and previous experience, *except that* a nurse may not be advanced to Group III until she has served at least six months in Group II.
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CANDY FACTORIES CLEAN.—A visit to half a dozen large candy factories, where every variety of confectionery on the market is manufactured, convinced the present writer that even the "prophylactic pup" may take his fill of most candies without bothering himself about sterilization. The majority of reputable manufacturers take great pride in the cleanliness of their plants. Candy has to be made swiftly, packed, and shipped swiftly, wherefore there is no opportunity for it to lie around and collect dust. The moment it has cooled and hardened it is packed. In a great many of the factories the packers wear gloves that are boiled and rinsed every day. Taffy manipulators wear gloves, both as a matter of cleanliness and to protect their hands. There are taffy-pulling machines and machines for cutting and wrapping taffy bars, but the making of candy canes and baskets and getting the "barber pole" effect is still done by hand.

I am very fond of candy myself, but always felt a little dubious about the cheaper grades. Since I have been among the candy makers, I feel a stronger desire than ever for candy, regardless of grade, for I know that whatever candy I buy, the chances are, 100 to 1, that it is perfectly wholesome and cleanly made.—BARTON W. CURRIE in *Good Housekeeping Magazine*.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

GLYCERIN FOR DISGUIISING NAUSEOUS MEDICINES.—Lind says in the *West Virginia Medical Journal* that no substance is equal in power to glycerin in disguising nauseous medicines. Castor oil, turpentine, solutions of iron and various other medicines can be diluted and at the same time almost completely disguised by glycerin.

HICCOUGH.—H. D. King in the *New York Medical Journal* defines hiccough as an involuntary sudden contraction or descent of the diaphragm, whereby a vacuum is formed in the chest, into which outside air attempts to rush, but is denied entrance by the sudden closing of the glottis, the impact causing a characteristic sound.

SUGAR AS A HEART TONIC.—In the *British Medical Journal*, quoted in the *New York Medical Journal*, Dr. Goulston and Sir James Sawyer give very favorable reports regarding the effects of cane sugar in cases of dilatation of the heart in the aged. Sir James Sawyer has also prescribed sugar in wasting disorders, some forms of anemia, adynamic rheumatism, and the neurasthenia of neurotic subjects with such excellent results as increase of weight, power, strength, and vigor, without the production of sudden excitement. The patient is advised to carry with him about half a pound of lump sugar daily and eat it from time to time except just before a meal. Sir James concludes his paper by saying that henceforward we must think of members of the sugar group as sustainers and developers of the heart musculature in failure of compensation and in a large variety of cardiovascular troubles. He advises obstetricians to prescribe it in cases of uterine atony and as a general tonic and food throughout pregnancy. Pure cane sugar should be used, a simple test for which is its luminosity when two lumps are rubbed together in the dark.

THE EYE OF SURGICAL NEEDLES.—J. L. Thomas describes in the *Lancet* a surgical needle which he has devised, in which the part played by the thread in the process of threading is absolutely passive, which is a reversal of the part taken by the thread in the ordinary course of

threading the needle. The eye possesses a side entrance with a spring grip.

PRESERVING RUBBER GLOVES.—Jerome M. Lynch, M.D., writing to the *Medical Record*, relates a method of keeping surgeons' rubber gloves, which he has found very satisfactory. A very large jar after being boiled was filled with sterile water, with formalin added in the proportion of 1 to 10,000. In this the gloves are immersed, after being boiled for 20 minutes. Two pairs kept in the solution for a year as an experiment were found to be sterile and perfect in texture at the end of that time.

A SIMPLE METHOD FOR THE RELIEF OF CERTAIN FORMS OF ODYN-PHAGA.—The *Medical Record* says: P. T. Hald, Copenhagen, calls attention to the observation of Mark Havell, of London, who found that firm pressure applied by the flat of the hands to the ears during swallowing, relieved the pain of sore throat. Hald found in addition to this method (tragus pressure), that firm pressure against the upper part of the mastoid, close to the insertion of the pinna, was also efficient.

INTESTINAL INTOXICATION.—The *New York Medical Journal* says: In cases of collapse in infants after intestinal intoxication, Wurtz recommends subcutaneous injections of camphor as being superior to saline infusion. All food is stopped for from twenty-four to seventy-two hours, and if collapse appears from 0.5 to 1 c.c. of a ten per cent. solution of camphor in olive oil injected, to be repeated every three hours if necessary.

COMMON FORMS OF DEAFNESS.—The *Medical Record*, quoting from the *Lancet*, says: W. H. Kelson states that these are due to impacted cerumen, furunculosis of the external auditory canal, a foreign body in the meatus, suppuration in the middle ear, chronic middle ear catarrh, otosclerosis, disease of the internal ear ducts, syphilis, malaria, gout, and other diseases tending to produce variations in the intralabyrinthine pressure.

STARNOOK AND WINDOW TENT.—S. A. Knopf describes in the *Medical Record* a new and practical device which will answer all purposes for outdoor life by day and by night. The starnook may be built on an extension at the rear of the house, but it may also rest on posts or columns, or triangular supports attached to the walls. The starnook consists of three walls composed of frames holding movable slats, of a roof, and a floor. It is all made of galvanized iron with the exception

of the floor, the window sash, and the roof frame. The wall of the house closes the fourth side, through which access is had to the starnook by a long window or a door. It is about 9 feet long, 6 feet deep, 6 feet high at the outer side, and 8 feet next to the house. It can also be made 8 feet deep, and will then hold a bed and couch or two beds. The roof can be completely raised against the wall of the house and an unobscured view of the sky can be had by the occupant of the bed. During the day the starnook can be transformed into a typical rest cure veranda. Three upper sections of the front shutters can be entirely opened, and with the two windows open and the roof up one is certainly out of doors.

AN END TO KEEPING THE PATIENT DRY AFTER A SUPRAPUBIC CYSTOSTOMY.—George Walker, M.D., in the *Johns Hopkins Bulletin*, says: The device consists of a pure gum rubber sheet, 1 yard square, with a round hole in the centre 6 to 8 inches in diameter. The material is similar to that used by dentists.

The sheet is laid on the patient immediately next to the skin so that the opening falls over the suprapubic wound. The usual amount of absorbent gauze is then laid on the wound, and the borders of the sheet are folded in, covering the gauze completely. The sheet with the enclosed gauze is held in place by an ordinary abdominal binder or scultatus bandage.

By this arrangement whenever the gauze becomes saturated the fluid drains into the dependent portion of the sheet, where it collects and allows almost no leakage for several hours, during which time the patient's bed and clothing are kept dry.

When properly adjusted the sheet is also of very material aid in protecting the clothing when the patient is in a wheel chair or walking about.

A large opening in the rubber is necessary in order to supply a sufficient absorptive surface for the gauze.

It is a good and safe rule to sojourn in every place as if you meant to spend your life there, never omitting an opportunity of doing a kindness, or speaking a true word, or making a friend.—*Ruskin*.

LETTERS TO THE EDITOR

[The Editor is not responsible for opinions expressed in this Department.]

CARE OF NIPPLES DURING PREGNANCY

DEAR EDITOR: Replying to the question of M. I. M. in the June JOURNAL, every one caring for pregnant women has her own opinion regarding the care of the nipples before childbirth. My opinion is that *absolute cleanliness* is the first consideration, then if there is abnormal soreness, the use of a 2 per cent. solution boracic acid, followed by sterile water, and, when thoroughly dry, the application of a good cold cream, will in the majority of cases give relief and good result during the nursing period.

I do not approve of *hardening* the nipples, although good authorities advise it. My experience in such cases has been the cracking of the nipples as soon as nursing began.

FRANCES MYLES, R.N.

Danville, N. Y.

A REPLY

DEAR EDITOR: I feel that I cannot let "A Plea for Equal Rights" by "Always a Private Duty Nurse" in the June number pass without comment.

It would seem quite evident that "Always a Private Duty Nurse" was not present at the convention held in New York City in May, 1910, or she would have seen that she is somewhat mistaken in her impression that the private duty nurse is not a representative factor at the conventions. At the afternoon devoted entirely to the discussion of the subject of private nursing, with its many problems, the chairman, Miss DeWitt, asked those engaged in private work to rise, merely as a matter of curiosity to see how many there were in the audience to whom this session would particularly appeal, and it was probably a revelation to those present that a very large majority of those in convention arose as private duty nurses. This incident would seem to refute the fact that the superintendents represent the profession at the Associated Alumnae, or the American Nurses' Association, as we are now to be known.

It would seem that any private duty nurse who was honored by being chosen to represent her alumnae and have the privilege of attending a convention at its expense would never question giving her time. This interest is manifested by the number who attend the convention every year as visitors, feeling themselves privileged to attend at their own expense; and as for the superintendent's income going on while she is in convention, how many superintendents all over the country attend the superintendents' convention entirely at their own expense considering that they cannot afford to miss these meetings, even at considerable cost to themselves? Indeed it is a question whether hospital boards would not find it money well invested to send their superintendents in view of the broadening effect and the educational value which they receive, and bring back to their training schools.

It is unfortunate that "Always a Private Duty Nurse" has had the experience with the "big stick" and the "wire pulling" she quotes, but we cannot believe that it is a representative condition of the country.

Our superintendents are striving for the best for their training schools and the profession, and struggling frequently for the attainment of these ideals against almost overwhelming odds. They must have the advancement of the profession at heart and a love for their training schools or they would not be in such positions, for the salary alone would never compensate for the responsibility resting on the superintendent's shoulders.

It does not seem that anyone could attend the convention of the American Nurses' Association without being impressed by the wonderful women who direct the nursing affairs of the country, and we are very justly proud of them. These women have not risen to their position by "wire pulling" but by demonstrating their ability in doing well their task as it came to them, and always working for the advancement of their profession. They have been put there by their co-workers—the nurses of the United States.

I have done private duty for several years and have never been a superintendent but neither in training or subsequent work have I met the experience of "Always a Private Duty Nurse," and I cannot believe that it is representative, and I also believe that anyone who has had the privilege to attend the national conventions will agree with me.

STELLA K. KENNY, R.N.

Brooklyn, N. Y.

TRIED RECIPES

DEAR EDITOR: I have found that many graduate nurses and practising physicians do not know how to properly prepare beef broth, beef tea, beef juice, and gruels, and have thought it might be of practical value to many readers of your JOURNAL if directions were published. I here inclose a copy of my own recipes, which I have used for many years and know their value.

OATMEAL GRUEL

Soak one-half a cup of rolled oats in three cups of cold water for thirty minutes. Stir thoroughly and strain off the liquor, being careful not to allow any particles of the oats to pass through the strainer. Place the liquor in a double boiler, or in a dish set in a pan of boiling water, stir constantly until it thickens, and cook two hours; salt to taste; add cream or milk, and serve. This may be given to little children who cannot eat cooked oatmeal because of its action on the bowels.

BEEF BROTH

Three pounds of beef cut from the round, cut in inch pieces, place in a kettle containing three quarts of cold water and one level teaspoon of salt, let stand thirty minutes. This extracts some of the juices. Place the kettle on a very slow fire, and let simmer, not boil, for two hours, then gradually increase the heat to a gentle boil, and boil slowly for three hours or longer, until the liquor is reduced one-half. Strain, cool and skim off every particle of fat. If directions are carefully followed, there should be one and one-half quarts of thick jelly broth.

Great care must be taken not to allow the meat to come quickly to the boil, as it toughens the fibre, and renders it impossible to properly extract the juices. The same principles should be followed in the preparation of chicken broth.

MEAT TEA

Two pounds of meat from the round, cut in inch pieces, or put through the meat chopper. Place in a glass fruit jar which has been previously boiled in water. Cover the meat with cold water, add one-half a teaspoon of salt, and let stand thirty minutes. Place a tight cover on the jar; immerse the jar in a deep kettle of cold water, placing a saucer under the jar to prevent it from resting on the bottom of the kettle. Place the kettle on the stove and heat slowly to about 130° F. or until the water feels quite hot to the fingers, but on no account allow to come anywhere near the boiling point. Cover the kettle closely, turn off the gas, or set on the back of the range for two hours, strain, cool, and skim. The product should be a bright, clear, red liquor with few, if any, coagulated particles in it. It is best served very cold, salted to taste. If the patient prefers it hot, pour some in a cup and warm in a pan of hot water. If heated too hot, the liquor will be thick with coagulated particles of albumin, which renders it more difficult of digestion. Lemon or orange juice may be added to it if served cold.

MEAT JUICE

Two pounds of round steak, cut off all fat, cut in inch pieces, place on the stove in a granite pan, with two tablespoons of warm water, stir constantly until the meat becomes white on the outside, and juices begin to flow. Place immediately in a meat press previously warmed by pouring hot water over it. Turn the screw tightly and about one glass of bright red juice will immediately flow through.

This is of great value in cases of debility following fevers. It is given during typhoid fevers, and in cases of anemia. It is best given ice cold, or with orange or lemon juice.

M. V. MOON.

Iowa.

SOME CONDITIONS HIGHLY BENEFITED BY SALINE ENEMATA

DEAR EDITOR: It is little known to nurses, for how many different conditions an enema of normal saline solution is useful. Most doctors allow a saline enema to be given at the discretion of the nurse. The normal enema of saline solution for any of these below-mentioned purposes should be given high—the rectal tube inserted nearly the entire length of the soft rubber catheter. No. 14 American soft rubber catheter is a good size for a rectal tube. Some physicians contend that a soft rubber catheter cannot be inserted higher than eight inches into the lower bowel, as there is at that distance a turn at the sigmoid flexure; but it can be inserted the entire length by inserting it very carefully and slowly. We know that it can be, because when it is inserted the water flows, and it would not flow were the tube kinked. If the snap is opened, allowing the water to flow as soon as the tube enters the rectum, it aids a comfortable insertion.

By close observation, I find that an enema of a pint, given not oftener than every half hour, gives a better result than an enema of a quart or more.

More than a pint of solution disturbs the intestine, so that the water is not as readily absorbed; this dilatation overtakes the entire alimentary canal, causing a reflex action and depressing the heart. There is just one condition of which I know where a quart of solution is required, and that is when a nurse first reaches a patient, and he has not been drinking water and will absorb a quart of any kind of an enema, and a pint every one-half hour can be given after.

We all know that the normal saline solution given high, per enema, is a heart stimulant.

A high saline enema given hot and repeated not oftener than one-half hour is one of the best diuretics. An extra teaspoon of salt for this purpose causes thirst and the patient desires more water. If extra salt is added for this purpose it must be carefully done, as it is such a good stimulant to the intestines that they can be overstimulated.

A high saline enema given twice a day is splendid for helping to eliminate the secretions and to establish a normal condition of the bowels.

A high enema of normal saline solution, one pint, not oftener than every one-half hour, will prevent the bowels from filling with gas while there is some gas formation, and keep them in a more comfortable condition.

In colitis or any diseased condition of the lower bowel, there is no better disinfectant or any solution more healing and soothing, than a normal saline solution given high, a pint twice a day.

In the case of a woman who had no disease and imagined that all nourishment disagreed with her, who had taken almost no nourishment, and had been in bed two months, the doctor ordered to be given her two quarts liquid nourishment, two quarts water, and a high saline enema,—one pint, 8 A.M., 12 M., and 6 P.M. As the food, to which she was unaccustomed, generated gas, the enema relieved her of the gas and gently stimulated the intestine. She slept all night, and in six days was sitting in a chair.

For an extreme tympanitic condition, a flatus enema of 1 pint water, 1 tablespoon salt, 1½ tablespoons soda, 1 teaspoon spirits turpentine is effectual.

A purgative enema for use in extreme cases is 1 pint water, 1 tablespoon salt, 1½ tablespoons soda bicarb., 1 tablespoon glycerin, 1 teaspoon spirits turpentine.

As nurses we need to do thorough thinking, that we may use the most natural and simple curative means for our patients, these always giving the most thorough and complete recovery.

EDITH C. HUNTINGTON.

Tennessee.

HOME STERILIZATION

I.

DEAR EDITOR: In answer to A. M. L.'s letter in the June JOURNAL, I would tell her how I do my sterilizing for obstetrical cases. I use a clean wash boiler, put about five inches depth of water in it, let it boil; then to sterilize the packages, lay a clean towel on a table, pile the bundles on it, across the narrow width, lay the lid of the boiler on, and pull the ends tight and pin over the lid. It makes a good sling, and unless there are a great many bundles, it will not come near the water. I let them steam for half an hour. Basins and instruments can be put right in the water, after wrapping in cloths. If there is any easier way to sterilize, I hope some one will tell us.

I have done little other than private duty nursing for twelve years, and rarely run across other nurses, so learn a great deal from reading my JOURNAL. Hoping that its life may be a long one, and that in reality the American Nurses' Association will own it entirely.

H. W. G.

District of Columbia.

II.

DEAR EDITOR: In answer to A. M. L.'s letter in the June number about sterilization for operations in private homes, I will give my method (which most likely many others use, too), which is as follows: Put water to the depth of six inches in the family wash boiler, adding three ounces lysol. Then take a piece of cotton, a flour sack will do, and tie over the top of the boiler by means of a string under the rim. Push the cloth down, making a hammock deep enough to hold all the dressings, sponges, towels, sheets, gowns, etc., to be used. Put on the cover and let it steam two hours. If the hammock does not hold all, one may have to sterilize twice. Have a clean bread pan into which a sterilized cloth is first spread, then pick out of the hammock (with dressing forceps, or, if none is at hand, two forks may be used) all the sterilized goods, which of course are wet. Spread another cloth over, and place in the oven till dry, about two hours. While the goods are sterilizing, sterilize gallon jars or some other suitable receptacles, one for each kind of the articles sterilized, into which the goods are placed when dry. I sometimes make muslin bags into which I put the goods before sterilizing, a bag or more for each kind, as the bags are easier to handle than each separate article. I have used the above method for many operations, laparotomies and others, and there has never been a single wound infection. Of course every nurse knows that forks or dressing forceps and hands must be sterilized before coming in contact with the sterile goods.

M. T. M. tells of having had two patients with deep fissured nipples. I have just finished a case where one nipple was retracted and the more the baby pulled, the more it retracted, and not a drop of milk came except with the milk pump. The other nipple was very short and the baby almost chewed it off trying to get hold, so the breast pump had to be used on both breasts and the baby fed the milk with a spoon. The baby was disgusted and the mother all tired out and asked to have the breasts dried up and the baby put on the bottle, to which the doctor finally consented. As a last resort I went and got a nipple at the country store which happened to be the "Mizpah" nipple. I placed it over the mother's nipple, and the baby took it without trouble. As soon as the baby starts pulling the nipple fastens to the breast and won't come off even after the baby is taken away until it is pulled off. It worked like a charm. The baby grunted with satisfaction and the mother was happier than at any time since the baby came, as she felt no pain and the milk flowed freely.

I do not think any other nipple would do, as it has a valve on the side which causes it to work so beautifully.

M. J.

Wisconsin.

TALKS TO SCHOOL CHILDREN

DEAR EDITOR: As a graduate nurse engaged in district visiting nursing, I am writing to ask you if you can offer any suggestions through the AMERICAN JOURNAL OF NURSING which will help me to outline a schedule for lecturing to, or rather talking to, the different grades of school children in our public school

here. The principal of the school has asked me to give twenty-minute talks at intervals during the coming fall and winter terms. It seems to me much might be done in this way for the moral uplifting of boys and girls, and in teaching them to care for their own physical welfare, but I have had no experience in this line. I have confidence enough to begin, and during the summer I could gather my materials if I can get just a few good suggestions.

The Northern Westchester D. N. A. employs six graduate nurses, one to each district—a wide territory, as we visit not only in the villages but in the surrounding country. Our Instructive Committee of the association in this district is eager to have me do something of this kind. If you can give me any suggestion or put me in the way of getting any, I shall feel very grateful to you.

A SUBSCRIBER.

[If the writer will look back to the JOURNAL for April, page 561, she may find Mrs. Lounsbery's suggestions helpful. In Book Reviews of this issue of the JOURNAL is the notice of a bibliography, which is a guide to existing literature on this subject.—Ed.]

APPRECIATION

I.

DEAR EDITOR: I have always had the JOURNAL in partnership with a fellow nurse, but desire it sent individually now, as I have taken charge of a hospital as superintendent and anesthetist. The JOURNAL is the best of its kind in the country. May you be provided with the means to carry it on to perfection, is my earnest wish.

J. M. D.

Illinois.

II.

DEAR EDITOR: I look forward to the coming of each number of the JOURNAL with pleasure, could not think of doing without it. Have taken it a year and a half, and it is such a help. After I talked to Miss DeWitt at our state convention and heard her talk on the JOURNAL I have been more interested than ever.

E. H.

Indiana.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

ITINERARY OF INTERSTATE SECRETARY

THE itinerary of the Interstate Secretary begins October 1, 1911, and ends March 31, 1912, and all requests for attendance at nurses' meetings should be made for that period.

The societies represented, viz., the American Nurses' Association, the Superintendents' Society, the Red Cross, and the AMERICAN JOURNAL OF NURSING, desire that every possible help and encouragement be given to all nurses' organizations, state, county, city, or alumna, no matter how large or small.

Last year a considerable amount of unnecessary expense and travel was incurred for two reasons—late requests and few appointments in a state. Thus, if the expense account for a state is fifty dollars and meetings are held in six or eight cities, the expense for each is small, while if met by one it is sometimes prohibitive, besides being attended by a much smaller number. The necessary travelling expenses must be met by the associations.

It is suggested that all societies should state the number of meetings, dates, hours, and subjects to be discussed when making an engagement; that meetings especially for pupil nurses be arranged wherever possible; as well as conferences with superintendents of training schools and members of the state boards of examiners, and that formal social functions be omitted.

Requests for October, November, and December should be made prior to September 1, and for January, February, and March prior to December 1.

In October and November, New England, New York, Pennsylvania, New Jersey, and Delaware will be visited; in December, the South Atlantic and Gulf States, returning via Kentucky, West Virginia, and Ohio; in January, February, and March, the middle and western states.

Address all requests to
ISABEL McISAAC, Interstate Secretary,
Benton Harbor, Michigan.

JANE A. DELANO has been appointed a member of the board of directors of the American Nurses' Association, to serve for the unexpired term of Isabel Hampton Robb.

REPORT OF THE JOURNAL PURCHASE FUND TO JUNE 15, 1911

Previously acknowledged	\$95.85
Johns Hopkins Training School Alumnae Association	100.00
North Adams Hospital Alumnae Association, Mass.	5.00
Sarah J. Graham	1.00
Margaret Scott	2.00
Martha C. Woody, Lafayette, Ind.	5.00
Kentucky State Nurses' Association	24.00

\$232.85

831

Disbursements:

One share of stock purchased from Columbia and Children's Hospital Alumnae Association, Washington, D. C.	\$100.00
June 15, 1911. Balance	\$132.85

M. LOUISE TWISS, R.N., Treasurer,
419 West 144th St., New York City.

ISABEL HAMPTON ROBB EDUCATIONAL FUND COMMITTEE

At a meeting of the Isabel Hampton Robb Educational Fund Committee held in Boston, May 30, Miss Hay's resignation as chairman was received, and Miss McIsaac was asked to serve in her place, with Miss Riddle to serve as treasurer. Hereafter all contributions to the Fund should be sent to Miss M. M. Riddle, Newton Hospital, Newton Lower Falls, Mass. All checks, drafts, and money orders should be made payable to the Merchants Loan and Trust Company, Chicago, Ill., but should be first forwarded to Miss Riddle as treasurer.

In answer to some inquiries, the committee begs to state that it is hoped the accruing interest upon the Fund will be sufficient to bestow the first scholarship during the coming year. Announcement will be made of the conditions upon which candidates may qualify as early as possible, probably before January 1. Several hundred dollars were contributed during the meetings in Boston which will be acknowledged in the August JOURNAL after the transfer of books and accounts.

ISABEL McISAAC, Chairman.

CHANGES IN THE ARMY NURSE CORPS

APPOINTMENTS: Mrs. Maud Quinn Hendrickson, graduate of Brownlow Hill Hospital, Liverpool, England, with subsequent experience at Sisters' Hospital and Teller Co. Hospital, Cripple Creek, Colo., assigned to duty at the Army General Hospital, San Francisco, California.

TRANSFERS: To Ft. Bayard, New Mexico, from San Francisco, Cal.: Marie E. Logan and Nena Shelton. To Ft. Sam Houston, San Antonio, Texas, from Ft. Bayard: Bessie S. Bell and Pamela E. Tiernan. Carrie L. Howard from Ft. McKinley to duty as acting chief nurse at Pettit Barracks, Zamboanga. Mame G. Johnson from Division Hospital, Manila, to Pettit Barracks, Zamboanga. To Division Hospital, Manila, from Ft. McKinley, Sayres L. Milliken; from Camp Keithley, Florence W. Thompson. To General Hospital, San Francisco, from Philippines Division: Arrived April 12, 1911: Johanna Linshaa and Emma Woods from Division Hospital; Frances Nowinskey and Minnie E. Schreiber from Zamboanga; Hannah A. Kallem and Marie E. Logan from Fort McKinley. Arrived May 12, 1911: Sophy Mary Burns and Henrietta Davidson from Division Hospital; Katherine Dwyer from Camp Keithley. Arrived June 11, 1911: Louise C. Boldt from Division Hospital; Evelyn E. Mericle from Zamboanga.

DISCHARGES: Orpha A. Hopper and Mrs. Adjie H. Chapman from Division Hospital, Manila, P. I. Discharged in Manila.

About the middle of May a request was received from the commanding officer, base hospital, Ft. Sam Houston, San Antonio, Texas, for the assignment of Red Cross nurses to this hospital. Miss Bessie Bell was sent from Ft. Bayard as acting chief nurse, with Miss Pamela Tiernan for assistant.

JANE A. DELANO, R.N.,
Superintendent Army Nurse Corps.

CHANGES IN THE NAVY NURSE CORPS

RESIGNATION REQUESTED: Person E. Jennings, requested to resign May 12, 1911. Bertha Purcell tendered resignation to be accepted June 1. Miss Purcell found the material disadvantages incident to the opening of a new station, and her disinclination to adapt herself to conditions of nursing in naval hospitals sufficient reasons for annulling her voluntary contract to remain three years in the naval service. Her resignation was accepted.

APPOINTMENTS: Nellie R. Ferrell, University of Maryland Training School, Baltimore, Md.; Katrina Hertzer, Illinois Training School, Chicago, Ill.

TRANSFERS: Lucy C. Cooper, from U. S. Naval Medical School Hospital, Washington, D. C., to U. S. Naval Hospital, Philadelphia, Pa.

LEWIS S. HIGHER, M.L.A.R.N.,
Superintendent U. S. N. Nurse Corps.

VERMONT

AN ACT TO PROVIDE FOR THE REGISTRATION OF NURSES

It is hereby enacted by the General Assembly of the State of Vermont:

SECTION 1. A board of registration of nurses is hereby established to consist of three members, to be appointed by the governor within thirty days after the passage of this act. Two members of said board shall be physicians in active practice on the attending staff of any hospital of the state having a training school for nurses. The third member shall be a graduate nurse holding a diploma from a hospital training school for nurses, giving at least a two years' course in the theory and practice of nursing. He or she shall have had three years' experience in nursing the sick. The members of said board shall be appointed as follows: one for two years, one for four years, and one for six years from the first day of March, 1911, and until their respective successors are appointed; and thereafter the governor shall biennially, before the first day of March, appoint one person, qualified as aforesaid, to hold office for six years from the first day of March next ensuing. Vacancies in said board shall be filled for the unexpired term in the manner of the original appointment. Any member of said board may be removed for cause by the governor.

SEC. 2. The members of said board shall meet the second Tuesday in March, and annually thereafter, and proceed to organize by choosing a president, secretary and treasurer who shall hold office for one year, or until their successors are elected. They shall adopt a seal and such by-laws and regulations as are needed for the transacting of business, but said board shall not in any way control the prices or compensations paid to nurses. The said board shall hold two meetings regularly each year, the time and place to be fixed by the board, and they may hold additional meetings at such times and places as may be deemed necessary.

SEC. 3. It shall be the duty of said board immediately upon its organization, to notify all persons engaged in the practice of nursing the sick in the state, of

the times and places of the examinations for registration, by publishing in one or more newspapers in the state, and by a written notice to the superintendents of all training schools and nurses' registry bureaus in the state.

Applications for registration shall be made upon blanks to be furnished by the board and shall be signed and sworn to by the applicant. Any person, a resident of this state, who shall furnish satisfactory evidence that he or she is at least twenty-one years of age, of good moral character and who holds a diploma from a training school for nurses connected with some hospital requiring at least a two years' course, shall upon payment of a fee of five dollars, be examined by said board and if found to be qualified shall be registered with the right to use the title of *registered nurse*, and shall receive a certificate thereof from the board signed and sealed by the president and secretary. Within sixty days from date of issue this certificate must be recorded in the office of the secretary of state with an affidavit of identity and residence of the person to whom granted.

An applicant who fails to pass an examination satisfactory to the board, and is therefore refused registration, shall be entitled within one year after such refusal, to a re-examination at a meeting of the board called for the examination of applicants, without payment of additional fee. The said board may after a hearing, by a vote of a majority of its members, annul the registration and cancel the certificate of any nurse, and may annul the registration and cancel the certificate of any nurse without hearing, if such nurse has been found guilty of a crime or misdemeanor. All fees received by the board shall be paid annually into the state treasury.

SEC. 4. Examinations shall be partly in writing in the English language, and partly in practical work, and shall include the principals of nursing. Due credit shall be given for examinations in special branches.

SEC. 5. The board shall have power to register in like manner without examination, upon payment of the usual fee, any person who has been registered as a professional nurse in another state under laws which in the opinion of the board maintain a standard substantially similar to that of this act, and which extends a similar courtesy to nurses registered in this state. Graduate nurses, residents of this state, will hold diplomas from an accredited nurses' training school, bearing date not later than January 1, 1911, may become registered as herein provided without examination upon payment of the usual fee.

SEC. 6. Each member of the board shall receive four dollars for every day actually spent in the performance of his or her duties: provided, however, that in no event shall the total sum paid to any one member exceed one hundred dollars in any one year, and the necessary travelling expenses actually incurred in attending meetings of the board, not exceeding three cents per mile each way. The said compensation and travelling expenses together with any incidental expenses necessarily incurred by the board or any member thereof, shall, if approved by the board, be paid from the treasury of the state, but only from the fees paid into the said treasury by the board.

SEC. 7. The board shall keep a record of all names of persons registered hereunder, and of all money received and disbursed by it, and a duplicate thereof shall be open to inspection in the office of the secretary of state. Said board shall annually, on or before the first day of January, make a report to the governor of the condition of professional nursing in the state, of all its official acts during the preceding year and of its receipts and disbursements.

Sec. 8. Whoever, not being authorized to practise as a registered nurse within this state, practises or attempts to practise as a registered nurse, or uses the abbreviation R.N., or any other words or letters or figures to indicate that the person using the same is a registered nurse, shall for each offence be punished by a fine of not more than one hundred dollars. Whoever becomes registered or attempts to become registered, or whoever practises or attempts to practise as a registered nurse under a false or assumed name shall for each offence be punished by a fine of not less than one hundred dollars, nor more than five hundred dollars, or by imprisonment for three months, or by both fine and imprisonment.

Sec. 9. The board shall investigate all complaints of violations of the provisions of this act, and report the same to the proper prosecuting officer.

Sec. 10. This act shall not apply to gratuitous nursing of the sick by friends or members of the family, or to the acts of any person nursing the sick for hire who does not assume to be a registered nurse.

Sec. 11. The board may make such rules and regulations with reference to procedure hereunder as it may deem expedient, provided that the same are not inconsistent with this act or with any other law of the state.

Sec. 12. For the purpose of the appointment of said board and of registration of persons by it hereunder, this act shall take effect upon its passage.

Approved January 28, 1911.

THE VERMONT BOARD OF REGISTRATION OF NURSES held its first examination in Burlington, May 25. Nine nurses passed the examination successfully. In addition, 197 nurses were granted registration, having graduated previous to January 1, 1911.

MASSACHUSETTS

THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its eighth annual meeting in Copley Hall, Boston, on June 13. Dr. Frank C. Richardson gave a very helpful address on "The Relation of the Nurse to Preventive Medicine." He spoke of the splendid opportunities which come to the trusted nurse, and emphasized the fact that it is the duty as well as the privilege of the nurse to do all she can in the fight that is being waged for liberty and freedom from filth and disease. The next speaker, Dr. D. F. Jones, presented some very good arguments in favor of a large central directory instead of numerous small ones. Miss Davis, Dr. Hughes and other members spoke on this subject. A rising vote showed that a majority of the nurses present were in favor of a central directory, and that no one really opposed it. The report of the committee appointed to consider the advisability of establishing a sick relief fund was received with applause but, because the time available for considering the subject was very limited, the whole question was referred back to the committee. By vote of the Association the number of councillors-at-large was increased to twenty. Officers for the coming year were elected as follows: president, Mary E. P. Davis, Boston; vice-presidents, Lucia Jaquith, Worcester; Stella Sampson, New Bedford; recording secretary, Emma M. Nichols, Boston; corresponding secretary, Jane F. Riley, Boston; treasurer, Mary E. Shields, Boston.

ESTHER DART,
Recording Secretary.

Boston.—CHARLOTTE F. GRANT, who has been in Aintab, Turkey, for several years, has returned to this country.

LONG ISLAND HOSPITAL held graduating exercises for thirteen nurses on June 6. Addresses were made by James A. Dorsey, Joseph C. Pelletier, Dr. Laura Hughes, Dr. Theodore J. Eastman, and Hon. Louis A. Frothingham, who also presented the diplomas.

THE BOSTON NURSES' CLUB, 755 Boylston Street, has a good many back numbers of THE AMERICAN JOURNAL OF NURSING and would be glad to dispose of them.

Taunton.—THE TAUNTON STATE HOSPITAL TRAINING SCHOOL FOR NURSES held its annual graduating exercises on June 1, when diplomas were awarded to seven nurses. The exercises opened promptly at 8 P.M. with music. Prayer was offered by Rev. Lester Lewis and then Dr. Goss introduced the speaker of the evening, Miss Linda Richards, who is well known in nursing circles and who needs no introduction. The graduating class felt honored to have Miss Richards deliver the graduating address. Hon. Loyed E. Chamberlain, one of the trustees, presented the diplomas. The class presented Miss Richards with a beautiful bouquet of carnations as a token of their appreciation of her visit and her valuable advice. They also presented the superintendent of nurses, Reba G. Cameron, R.N., with a loving cup suitably inscribed, as a token of their affection and esteem. The superintendent of the hospital took the opportunity of paying tribute to the memory of the late Harriette Seaver who was superintendent of nurses for seven years, and who passed away shortly after last year's graduation. Immediately after the exercises were concluded, the graduates held an informal reception followed by the class ball, which was voted a grand success by all.

Westfield.—THE NOBLE HOSPITAL TRAINING SCHOOL OF NURSING held its graduating exercises in the reception hall of the hospital on June 2. A class of two completed the two years' course. The address to the graduates was given by Jessie E. Catton, superintendent of the Springfield Hospital. A reception followed the exercises.

CONNECTICUT.

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its annual meeting at the Hotel Stratfield, Bridgeport, May 3, at 3 P.M., with Miss M. J. Wilkinson, president, in the chair. The reports of the officers and the chairmen of the standing committees were read and accepted. Miss McCormac, chairman of the membership committee, reported a substantial gain of new members. After various matters of business had been transacted Miss Wilkinson gave a brief outline of the work the association has accomplished during the past three years under her guidance, as she had refused to be renominated for the coming year. The following officers were elected for the year: president, Mrs. Isabel Wilcox; vice-presidents, Elizabeth Somers, Miss A. H. McCormac; secretary, Mrs. W. Ahn Hart, 169 Elm Street, Bridgeport; treasurer, Miss M. T. Heaven. An invitation was read and accepted to hold the next quarterly meeting at the Hartford Hospital in September. After the meeting had adjourned the annual

dinner for members of the Association was held in a private dining-room at the hotel, forty members being present and a most enjoyable time being spent.

WINIFRED ANN HART, Secretary.

Hartford.—THE HARTFORD HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its last meeting for the season on June 13. Three new members were received. Miss Carroll, delegate to the American Nurses' Association, gave a very interesting report of the meetings in Boston. After the business meeting, there were light refreshments and a social hour. The next meeting will be held on September 12 at Centre Church House on Gold Street.

NEW YORK

CHARLOTTE EHRLICHER will sail on October 21 on the *S. S. Cleveland* of the Hamburg-American Line on a cruise around the world in the capacity of steamer nurse. The Hamburg-American Line has for many years carried steamer nurses on the trans-Atlantic liners, but we believe this is the first time a nurse will make the world-cruise in the service of the Company. Miss Ehrlicher will touch port at various points, including Turkey, India, China, Japan, and the Philippines. She hopes to arrive in Germany in time to attend the International Congress in Cologne.

Miss KIEL AND Miss MISSIMER, graduates of St. Luke's Training School, sailed on May 22 for Battle Harbor, Labrador, where they will be on duty with the Grenfell Association until about October.

Brooklyn.—THE LONG ISLAND COLLEGE HOSPITAL ALUMNÆ ASSOCIATION at its last general meeting announced the election of the following officers: president, M. E. Robinson; vice-presidents, J. E. Wiley, J. Gleason; treasurer, Anna Schmits; corresponding secretary, Mary Stewart; recording secretary, M. E. Harris; director, E. G. Brown. Fifty dollars was voted for the Isabel Hampton Robb Educational Fund at the same meeting.

THE BROOKLYN HOMOEOPATHIC HOSPITAL ALUMNÆ ASSOCIATION held a special meeting on April 18 at 126 Greene Avenue. Mabel McCalmont, late of the Civil Hospital Service, Manila, P. I., gave a talk on nursing work in the Philippines. She came by special request and told most interestingly of the people, customs, and nursing work, illustrating the talk with many beautiful photographs. Her talk was greatly appreciated.

THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held its last monthly meeting for the season on June 6, at the Club House. After the minutes had been read and the treasurer's report given, the chairman of the Club House Committee reported that it had opened an annex, May 1, with twelve resident nurses. Interested friends have sent books, pictures, rugs, statuary, etc., which have been much appreciated. A call came to the alumnae from Mrs. Rogers, asking for volunteers from the Red Cross members to go to the booths and give assistance, if necessary, on Children's Anniversary Day. One of the nurses offered her services. After the meeting was adjourned, Mrs. Stevenson of the Red Cross Local Committee gave a most interesting talk. A social hour followed, with refreshments.

THE SENEY JOURNAL, published by the alumnae association of the Methodist Episcopal Hospital, has a Red Cross number for its June issue, with articles

by Miss Boardman and Mrs. Stevenson, besides information and appeals for enrolment. Reports of the alumnae meetings are given, and a list of the members' names and addresses, with items, personals, etc., all interesting to the graduates of that school. Martha Eakins, class of 1905, who has recently completed her course at Teachers' College, will take charge of the training school of the Norfolk Protestant Hospital, Norfolk, Virginia. Ella B. Kurtz, class of 1896, who has been for twelve years connected with the German Hospital, Brooklyn, first as chief operating-room nurse, and then as supervisor of the training school, is to take charge of the training school of the Manhattan State Hospital, Ward's Island.

Geneva.—THE GENEVA CITY HOSPITAL held graduating exercises on June 7 in the hospital building. Dr. Whitman Jordan, president of the board of trustees, presided and presented the diplomas. Mrs. Charles S. Burrall, president of the board of women managers, presented the badges. The seven graduates were addressed by Annie W. Goodrich, state inspector of nurse training schools. The exercises were followed by a dinner.

Canandaigua.—THE FREDERICK FERRIS THOMPSON HOSPITAL held graduating exercises on May 31 for a class of six. Addresses were given by Dr. Charles P. Emerson, of Clifton Springs, and Rev. Rogers Israel, Bishop of Erie. Bishop Israel administered the pledge to the graduates. Their pins were presented by Edward G. Hayes, president of the Board of Directors.

Miss E. K. KRAEMER, superintendent of the hospital, is taking a two months' holiday in Sweden, her native land. Miss Bidmead, directress of the training school, will fill her place during her absence.

THE ALUMNAE ASSOCIATION of the hospital held its second meeting on June 1, the president, Miss Hicks, presiding. The six members of this year's class were admitted to membership. Officers were elected as follows: president, Edna M. Hicks, R.N.; vice-president, Camilla B. Sale; secretary, Grace L. Stock, R.N.; treasurer, Mary G. Savage, R.N.; executive committee, Mary G. Savage, Caroline E. Nicholson, B. Amy Pearson. The next meeting will be held in the hospital parlors on August 2. On Monday evening, May 29, the association tendered a banquet to the members of the graduating class in the children's ward of the hospital. The president welcomed the graduates, and the vice-president, Margaret F. Bradley, responded to the toast, "Our Girls." After the banquet, the classes of 1910 and 1911 were entertained by one of the members of the class of 1912 at her cottage on Canandaigua Lake.

Rochester.—THE ROCHESTER STATE HOSPITAL TRAINING SCHOOL held commencement exercises on June 14 in the Amusement Hall. The sixteen graduates were addressed by Sophia F. Palmer. Dr. Howard presented the diplomas. Dancing followed the exercises.

THE PARK AVENUE HOSPITAL held graduating exercises on the afternoon of June 22 at the hospital for ten graduates. A reception followed.

Buffalo.—THE NEW HOMOEOPATHIC HOSPITAL was dedicated on June 4, and opened for patients on June 7. The Buffalo Hahnemann Hospital and the Buffalo Homoeopathic were consolidated on May 18 and are beautifully housed in a commodious, up-to-date building which surrounds three sides of a rectangular court. At one end of the court is the administration building, at the other the nurses' home, while along the closed side is the hospital proper. The fourth side will have a corresponding wing when it is needed. The court is

being made green and beautiful, with a fountain in the centre, and there is also a roof garden. The wards open on to broad porches, so that neither patients nor workers will lack air and sun. The nurses have been in their home since December, going to the old hospital in an omnibus, and will doubtless rejoice to have their work near at hand. Medical and surgical wards are on the first floor of the hospital, private rooms on the second, surgical and maternity rooms on the third, internes' rooms on the fourth. Miss Alline, superintendent of nurses, and the dietitian have pleasant suites of rooms on the second floor.

NEW JERSEY

THE BOARD OF DIRECTORS OF THE STATE NURSES' ASSOCIATION held its regular meeting at Perth Amboy on the third Tuesday in June, instead of the second, owing to the indisposition of the president, Miss B. M. Bamber.

THE ESSEX, WARREN AND SOMERSET COUNTY NURSES' SOCIETY held its first annual meeting at the home of Miss E. Staats, East Orange, on June 13. Election of officers, adoption of Constitution and By-laws as a whole, and payment of dues were the business taken up. The topic of an address and discussion was "Obedience."

Orange.—THE ALUMNÆ ASSOCIATION OF THE ORANGE TRAINING SCHOOL FOR NURSES held its regular meeting on May 17, at the residence of Miss A. Curry, East Orange. The usual routine business was transacted, and the delegate to the Associated Alumnae instructed to vote at her discretion at the meeting to be held in Boston. It was voted to use the members' best endeavors to raise a suitable sum to send to the "Isabel Hampton Robb Fund." There being only a small number present, it was not possible to go further into the matter, which will be put into the hands of a committee. The meeting was closed with a very pleasant social talk and refreshments served by Miss Curry and her associate nurses.

The alumnae association entertained the last three graduating classes (1909-'10-'11) at a Musicales and Tea, held on May 18, in the rooms of "The William Pierson Medical Library," from 4 to 6 P.M. Margaret H. Pierson, who has been connected with the school from its inception, headed the receiving line, supported by the officers of the association. A number of classes were represented by the older graduates. A large number of the new graduates were able to be present, and unanimously declared they will never forget such a pleasant gathering. The music provided was unusually enjoyable. Between seventy and eighty were able to be present during the hours of receiving.

In the evening of the same date, the usual graduating exercises were held in the parlors of the Training School. An address was made by Dr. Wm. Graves, and the diplomas presented by Mrs. Mefford Runyon, president of the hospital, to thirteen undergraduates who have finished their three years' course.

Mrs. MARY COMPTON has been placed in charge of the Central Registry, 110 Henry Street, Orange.

ELIZABETH D. ANDERSON, class of 1903, has been appointed to social welfare preventive service under the Board of Health. She will instruct mothers who are ignorant in the care and nourishment of their babies. May Halliday, class of 1907, succeeds Miss Anderson as one of the visiting nurses for the East Orange Aid to the Sick Society. Miss McGregor, class of 1911, will have charge

of a day camp for sick babies under the management of the Visiting Nurses' Settlement, during the summer months.

Millburn.—ANNA V. MARTIN, graduate of St. James' Hospital, Newark, has been appointed district nurse by the Township Neighborhood Association to succeed Florence Payn, who resigned to be married.

PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES has, since its last report, registered 350 nurses.

Philadelphia.—THE NURSES' ALUMNAE ASSOCIATION OF THE WOMAN'S HOSPITAL held a regular monthly meeting on June 14 at the Philadelphia Club for Graduate Nurses, with eleven members present, the president in the chair. The minutes of the May meeting were read and accepted. The corresponding secretary read a communication from the Club for Graduate Nurses soliciting the assistance of the Association with a bazaar to be held in the club house in the late autumn. Miss N. W. Guthrie was made chairman of a committee to work this up among the members. The treasurer gave a satisfactory report of the finances for the past six months. She reported a contribution toward the Isabel Hampton Robb Educational Fund, and another to the Jubilee Fund to build open-air wards on the roof of the Woman's Hospital, as well as the yearly donation to the hospital. Eight new members were received, the majority being members of the class of 1911. After the regular business, the president, Mrs. Close, gave a report of her visit to Boston, where she attended the national meetings. The next meeting will be held on October 11.

THE WOMAN'S HOSPITAL TRAINING SCHOOL graduated seventeen nurses on May 24. The exercises were very interesting, they were followed by an informal reception, and then by class-day exercises. As usual the Alumnae Association gave the class a tea, on May 24, about sixty spending a social hour or two and becoming better acquainted.

THE PHILADELPHIA POLYCLINIC HOSPITAL TRAINING SCHOOL graduated a class of ten nurses on the evening of May 5. The exercises were held in the amphitheatre. Herbert L. Clark, president of the board of trustees, presided. M. Adelaide Nutting, of Teachers' College, gave the principal address, which was well received by the audience. The high ideals expressed, and the great possibilities shown in the newer fields open to nurses, made it inspiring and most interesting. In a way thoroughly appreciated by the nurses, Dr. John B. Roberts presented two fifty-dollar gold certificates to two pupils, members of the senior and intermediate classes, who had been recommended for general proficiency. Dr. Edward M. Jeffery, rector of old St. Peter's Church, offered an impressive prayer and pronounced the benediction. A reception was afterwards given at Kay House, the nurses' residence.

HOWARD HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on May 19. The members of this year's graduating class were elected to membership, and election of officers for 1911 and '12 was as follows: president, J. Houghton; vice-president, Julia Meade; secretary, Florence Biddle; treasurer, Mildred Reighard.

COMMENCEMENT EXERCISES for the six graduates of the class of 1911 were held on May 11.

JULIA MEADE has taken a position as chief nurse of South Eastern Dispensary, succeeding Florence Biddle, who resigned to become superintendent of Delaney Hospital. Ellen Mitchell resigned from Delaney Hospital to be married. Cecil Gorman has again taken the position as chief operating-room nurse of Franklin Furnace Hospital, New Jersey. Florence Kennard has become chief nurse of Marion Hospital, Columbus, Ohio. Lesley K. Roller is taking the course in the Boston Floating Hospital.

South Bethlehem.—**ST. LUKE'S HOSPITAL**, in its thirty-seventh annual report, states that on account of difficulty in securing pupil nurses a system of compensation during training has been tried and is proving successful, as there is now a satisfactory waiting list. The school celebrated its twenty-fifth anniversary last fall.

MARYLAND

Baltimore.—**JOHNS HOPKINS HOSPITAL TRAINING SCHOOL FOR NURSES** held graduating exercises for the class of 1911 in the Physiological Building of the Medical School on May 25. The address was given by Dr. William S. Thayer. Dr. Henry M. Hurd presented the diplomas. The exercises were followed by a reception in the nurses' home. The following scholarships were awarded: Senior year, to pursue post-graduate study and special work in the Johns Hopkins Hospital, or at Teachers' College, New York, Isobel M. Fleming; intermediate year, Anna E. Macdonald, Harmina W. Stokes, Geraldine K. Martin, Nellie M. Pottenger; junior year, Mary E. Lomax, Kate S. Cowan, Ines M. Smith, Mary S. Smith.

ETHEL PALMER CLARK, R.N., class of 1906, University Hospital, who for the past four years has held the position of superintendent at the De Soto Sanatorium, Jacksonville, Fla., has taken the position of superintendent of the training school of the University Hospital.

VIRGINIA

Richmond.—**THE MEMORIAL HOSPITAL SCHOOL FOR NURSES** held its commencement exercises on the evening of May 31 in the auditorium of John Marshall High School. Dr. Christopher Tompkins presided, Rabbi Edward N. Calisch gave the address, and Dr. J. Shelton Horsley presented the diplomas and school pins. On May 25, the class gave a practical demonstration in the amphitheatre of the hospital. On May 28, the baccalaureate sermon was delivered at the Second Baptist Church. There were fifteen graduates.

THE VIRGINIA HOSPITAL TRAINING SCHOOL held its annual commencement exercises May 19, at Mechanics Institute. Dr. Hugh M. Taylor presided and announced the speakers. Dr. Paulus A. Irving delivered the principal address, Dr. Stuart McGuire presented the diplomas, and Dr. Garnett Nelson the pins. A reception and dance followed the graduating exercises at the Elk's Home. There were fourteen graduates.

Norfolk.—**JULIA MELLICHAMPE** and **IDA WOOD** have been appointed school nurses. There will be three, but the third appointment has not been made.

THE SARAH LEIGH HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on June 8, when the following officers were elected: president, Eva Lewis; vice-

presidents, Julia Mellichampe, Nannie Newby; secretary, Lula Odom; treasurer, Cordelia Cosby; Chairman Educational Programme Committee, Maudie Masingo; Chairman Social Programme Committee, Minnie Lee Sawyer.

TENNESSEE

AN ACT to regulate the practice of trained nursing in this State, to define offences against the Act, and to prescribe and fix the punishment for such offences.

SECTION I. Be it enacted by the General Assembly of the State of Tennessee, that, every person who shall comply with the provisions of this Act, to obtain and have recorded as herein prescribed, the certificate authorizing such person to practice the profession of a trained nurse in this State, shall be a registered nurse within the meaning of this Act, and entitled to all its privileges, and charged with all of the duties herein imposed upon such nurse.

SEC. II. Be it further enacted, That, within thirty (30) days from the passage of this Act, the Governor of the State shall appoint a board known as "State Board of Examiners of Nurses," which Board shall consist of five graduate nurses, one of whom shall reside in West Tennessee, one in Middle Tennessee, and one in East Tennessee, and the governor shall not appoint as a member of such Board a nurse who has not the endorsement of the Society of Trained Nurses to which such nurse belongs. State Board of Examiners of nurses shall within sixty (60) days after it is appointed, meet in the City of Nashville and organize by the selection of one of their number as Chairman, and another as Secretary. The members of this Board shall hold their respective positions as such for five years and until their successors are appointed.

Upon the expiration of their terms of office, it will be the duty of the Governor to appoint a new Board of like number and qualification, but, in making such appointment, he shall reappoint at least two of the then members of the said Board, it being the intention of this Act, that, after the first appointment of the said Board there shall always be on the said Board experienced members thereof, and that the membership of said Board shall not be often changed.

SEC. III. Be it further enacted, That, it shall be the duty of every person in the State desiring to practice the profession of a trained nurse in this State, within sixty (60) days from the organization of the State Board of Examiners of Nurses, to obtain from the said Board a certificate as required in the next section, and to have the same recorded by the Clerk of the County Court of the County in which said nurses shall reside.

SEC. IV. Be it further enacted, That it shall be the duty of the State Board of Examiners of Nurses, upon its being made satisfactorily to appear to it that an applicant is a person of good moral character, of legal age, and is the holder of a diploma from a Training School of Nurses, in good standing, connected with a Hospital or Sanatorium in this State, which gives at least a two years' course, or Training School of like standing outside of this State, which diploma is in all respects regular, to certify that fact to the clerk of the County Court of the residence of the applicant, who shall thereupon receive and record the same, and issue to the said applicant a license as follows:

State of Tennessee

.....County

To Whom it May Concern: Greeting. Whereas of has presented to me a certificate issued to by the State Board of Examiners of Nurses, showing that she (or he) has complied with all of the requirements of the law entitling applicants to such Board to their certificate, and demanded that the same be recorded as the law requires. This certifies that the same is so recorded in the book kept by me for that purpose, and that the said is authorized to practice within this State the profession of a Registered Nurse.

Witness my hand and official seal at office in this day of 19..

.....
Clerk of County Court of County, Tennessee.

For issuing this license, recording the same, and doing all the other duties required of him under this Act, the said clerk is entitled to demand and receive of the licensee the sum of fifty cents.

The said clerk shall keep, in a well-bound book, a copy of the license issued to each applicant, and shall, in another book, keep a record of the certificates upon which the said license is issued, and shall also preserve the certificate as one of the records of his office.

Sec. V. Be it further enacted, That non-residents of the State may procure a certificate, and have the same recorded, and procure a license from the County Court for the County in which they desire to practice the profession of trained nursing, by producing satisfactory evidence to the State Board of Examiners of Nurses that they, or such applicant, is of lawful age, of good moral character, and that he or she is the holder of a diploma from a recognized Training School for the Training of Nurses, whose course of training and study is as full and thorough as are such schools in this State, whose diplomas entitle the applicant to be considered by the State Board competent of holding a diploma of course from such an one of the Training Schools of the State.

The license to be issued to such holders of certificates is to be in like form as for a resident holder, and will authorize the licensee to practice in this State.

Sec. VI. Be it further enacted, That vacancies shall be filled in the said Board by the remaining members of the Board, and the members appointed to fill vacancies will hold only until the expiration of the term of the member who is thus succeeded. Vacancies will occur by death, removal from the State or resignation.

Sec. VII. Be it further enacted, That the Secretary of the Board is directed to keep a record of the proceedings of said Board, and also a record of the names of persons applying for registration hereunder, and of the action of the Board thereon; and also a register of all nurses who have become entitled to certificates under this Act, all of which said records shall, at all reasonable times, be open to public inspection. The said Record of Registry of Applicants who have applied to and been examined by the Board shall show the full name, age, color and sex of the applicant, where born, whether married or single, place of residence, and post-office address; where trained or graduated, and when; and the names and residences and post-office addresses of two persons in nowise re-

lated to the applicant, who bear testimony to the applicant's good moral character. It shall also contain or make proper reference to the record required to be kept by Section XIII hereof, whenever any such record shall be made with respect to any nurse.

Said Board is authorized to have and to use an official seal, which shall bear the words, "State Board of Examiners of Nurses for Tennessee."

The certificate of the Secretary of said Board, under the seal thereof, countersigned or attested by the President, as to the action or non-action of the Board, shall be accepted in evidence in the courts of this State as the best evidence of the Minutes of the said Board; and likewise the certificate of the said Secretary, under the said seal, so countersigned, as to the registration or non-registration of any person, shall be accepted as the best evidence as to the registration or non-registration of the said person under the requirements of this Act. The Secretary shall issue to all nurses admitted to registration here under a certificate, under the seal of said Board, and countersigned by the President, showing that fact.

SEC. VIII. Be it further enacted, That it shall be the duty of said Board to meet for the purpose of examining applicants for registration, at least once in each year, in every one of the grand divisions of the State, and oftener, should it be deemed necessary by said board.

Notice shall be given of the time and place of said meetings by written notice posted, postage prepaid, to last known address of each applicant, at least ten days before the time of said meeting, and by one publication in a daily paper of general circulation published at Knoxville, Memphis and Nashville, Tennessee. Said notice shall be published at least two weeks prior to said meeting.

SEC. IX. Be it further enacted, That all persons making application for registration under this Act shall deposit with the Secretary of the said Board, at the time of making such application, the sum of Five (\$5.00) Dollars. From this fund the expenses of the said Board will be paid.

SEC. X. Be it further enacted, That all nurses who have practiced the profession of nursing actively and continuously for five (5) years, and can show, to the satisfaction of the Board their ability morally, mentally and physically to continue nursing, will be granted a license provided they make application before June 1, 1911; and—

Be it further enacted, That this shall apply to all senior pupils now in the Training Schools of the State for Nurses.

SEC. XI. Be it further enacted, That this Act shall not be construed to affect or apply to gratuitous nursing of the sick by friends, or members of the family, and it shall not apply to any person nursing for hire, who does not, in any way, assume to be a registered nurse, and who does not use the title Registered Nurse, or the letters "R.N." or other letters, words, or figures, for the purpose of representing that he or she is a registered nurse within the meaning of this Act.

SEC. XII. Be it further enacted, That after the expiration of six months from the passage of this Act, it shall be unlawful for any person or persons to practice professional nursing as a trained graduate or registered nurse in this State, without a certificate from the said Board, and it shall also be unlawful for any unlicensed person or persons, without the certificate in this Act mentioned, to advertise to the public as nurses, or for any drug store proprietor,

physician or other person, to advertise, or publicly keep a record or list of names, not licensed as herein provided, unless such advertisement, list, or record, also state that such nurse, or person, or persons, is "Not Licensed;" and a violation of this Section of this Act shall be a misdemeanor, and subject the person guilty thereof to indictment or presentment, and upon conviction thereof shall be fined not less than Twenty-Five nor more than Two Hundred and Fifty Dollars.

Every nurse who registers and is licensed in accordance with the provisions hereof shall be styled and known as a "Registered Nurse," and no other nurse shall assume or use such title or use the abbreviation "R.N." or any other letters, words or figures, to indicate that he or she is a Registered Nurse, and a violation hereof shall be deemed a misdemeanor, and shall, upon conviction, be punished as hereinbefore in this Section provided.

Sec. XIII. And be it further enacted, That any certificate issued by said Board may be revoked by it at any time for drunkenness, or drug addiction, or neglect of patient, or the commission of any act which is a felony under the laws in force in this State, or incompetency or immorality; but no such license or certificate shall be revoked without a hearing, notice of the time and place of which shall be given to the holder of the certificate by the Secretary at least thirty (30) days before the day set for the hearing, which notice shall plainly set forth the charges against the holder of said certificate, and the trial shall be only upon the grounds so specified. Said notice shall be mailed to the said person so accused, at his or her last known address, postage prepaid, or the same shall be delivered personally to the person so accused.

A true and correct record of the hearing and decision in every hearing to determine whether a license shall be revoked shall be kept, showing the charge or charges, the date of the notice, how served, and the date and place of hearing, whether the licensee to be tried appeared, and the decision of the Board.

Sec. XIV. Be it further enacted, That this Act take effect from and after its passage, the public welfare requiring it.

THE TENNESSEE BOARD OF NURSE EXAMINERS consists of five graduate nurses: president, Mrs. Lena A. Warner, Memphis; secretary, Viola Barnes, Nashville; Ophelia Hornsby, Knoxville; M. G. Nisbet, Nashville; L. Duinvent.

KENTUCKY

Louisville.—THE CITY HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION held a meeting April 14, twelve members being present. The following officers were elected: president, Mary E. Foreman; vice-presidents, Frances Conroy, Lillian Rice; recording secretary, Miss Baum; corresponding secretary, Mrs. M. Emma Fielding, R.N., City Hospital; treasurer, Miss McPherson. Matilda Steilberg was selected as delegate to the Boston meetings. Fifteen members have been added to the association during the year, making an enrolment of forty-eight.

OHIO

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting at the hospital on May 5, Miss Ardill occupying the chair in the absence of Miss Pierce. Owing to the election of officers, a large number was in attend-

ance. The tellers reported the following: president, E. Pierce; vice-president, E. Bairnsfather; treasurer, A. Arnett; secretary, E. R. Ardill; corresponding secretary, E. Mielsiner. Owing to lack of funds it was decided not to send a delegate to Boston. After the reading of the appeal for assistance and support from the chairman of the Robb Educational Fund, the sum of \$5 was voted toward that worthy project. After the appointment of Sabina Fox and E. Arnsperger on the programme committee, Miss Mielsiner read a number of interesting chapters from Dr. P. Zenner's book on "Sexual Physiology and Hygiene."

MINNESOTA

Minneapolis.—**ASBURY METHODIST HOSPITAL TRAINING SCHOOL FOR NURSES** held its eighteenth annual graduating exercises in Simpson Methodist Episcopal Church on the evening of May 24. Mr. P. D. Boutell, president of the board of directors, presided, and presented the diplomas to the fourteen graduates. Addresses were given by Dr. J. F. Corbett and Rev. Herbert G. Leonard, D.D. The class paper was read by Charlotte Keller. The pins were presented by Mrs. S. H. Knight, superintendent of the hospital. The class was presented by Alice L. Smith, superintendent of the training school. At the close of the exercises a reception was given to the class in the church parlors by the Deaconess Aid Society. The class motto was "With the ropes of the past we will ring the bells of the future." A baccalaureate sermon was delivered on May 21 at Wesley Methodist Episcopal Church.

ST. MARY'S HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at Hotel Landour on June 7, when the following officers were elected: president, Agnes Hope, R.N.; vice-president, Margaret Kennedy, R.N.; secretary, Julia E. O'Connor, R.N.; treasurer, Anna R. Vorbeck, R.N.; members on the board, Elizabeth Wolf, Clara Bush.

ILLINOIS

THE ILLINOIS STATE BOARD OF EXAMINERS OF REGISTERED NURSES will hold an examination for applicants desiring registration in Illinois, July 27 and 28, 1911. For application blanks and further information, apply to the secretary, Mary C. Wheeler, R.N., 127 N. Dearborn St., Chicago.

STATE BOARD EXAMINATION FOR REGISTRATION, JANUARY 11 AND 12

(Continued from page 751.)

SUBJECT

1. (a) *How would you cleanse your hands before doing a surgical dressing?*
(b) *What rules should be observed in removing a dressing from a wound and applying a fresh one?*

(a) To cleanse hands for a surgical dressing, have ready a stiff brush, nail cleaner, green soap, plenty sterile water, alcohol or bichloride of mercury sol. 1-2000. Scrub hands systematically to the elbow, clean nails, using a blunt cleaner, scrub again for at least 10 minutes, using plenty of green soap and preferably under running water. Then immerse in bichloride solution and hold the hands there for a few minutes (alcohol may be used instead) and wipe dry with sterile towel.

(b) Moisten the dressing if it is crusted or stuck, and pull it carefully, not dragging the edges of the old dressing across the wound. Note its condition,—amount of exudation or pus and its extent. Cleanse, if ordered to do so, clean away any removable debris, and apply the new dressing by touching the extreme corners, using a forceps if possible.

Allow nothing unclean to touch wound or dressings.

Never touch the wound if possible to avoid doing so.

Never handle pusy dressings; use a forceps.

Treat all wounds as surgically clean fields.

2. *How do you prepare instruments for use? Are all instruments treated in the same way? How do you clean them after use?*

Instruments for use: Count all instruments beforehand. All instruments, except sharp-cutting ones, should be boiled for 20 minutes in soda water. They must be perfectly clean first, and wrapped in a towel before putting in the boiling water.

Knives and sharp-cutting instruments are not boiled, as a rule, as it spoils the temper and edge of the steel. They are immersed in 95 per cent. carbolic acid, neutralized in pure alcohol and then put through sterile water, being careful that the edges touch nothing hard, and then laid in sterile gauze or sterile towel.

After use from a clean case, they must be scrubbed and dried from very hot water, always taking hinged instruments apart, and seeing that all crevices are clean. After a septic case, they must be boiled 20 minutes in soda water, and dried as the others. Count.

3. (a) *Give preparation of patient for twenty-four hours before any major operation.* (b) *How would you care for a patient recovering from anaesthesia after abdominal section?*

(a) To prepare a patient for a major operation: 24 hours before, give a cathartic; after the bowels move freely give a high flushing. Send a specimen of urine to laboratory for examination. Give a full bath, tub if possible. Until 12 hours before operation give strained liquid diet, and water may be taken up to six hours before. On the morning of the operation, give cleansing enema, or more than one, or until the results are clear. Braid hair in two braids, remove false teeth, and jewelry, and give patient a disinfectant gargle. Put on a surgical slip, and just before sending the patient to operating room, have the bladder empty, either by voluntary urination or by catheter. Temperature, pulse and respiration taken before taken to operating room.

(b) After patient returns from operating room, put in bed that is well protected with a rubber sheet. Have room darkened, warm, and with plenty of fresh air. Surround patient with plenty of hot-water bottles and blankets. Take and record pulse every 10 minutes for the first hour or until patient is awake. Watch for any signs of shock or hemorrhage, keep the room quiet and the head turned to one side. If the patient vomits after waking, a little hot water may be given or ice in small quantity, the stomach pump being used if the nausea does not pass away soon. Unless the pulse is rapid or any symptoms of shock are present, fecal feeding is not given until 6 or 8 hours after.

43. (a) *Define fracture, impacted fracture, greenstick fracture.* (b) *What are infected wounds?*

(a) A fracture is the complete or partial severing of a bone. An impacted

fracture is one in which the ends are driven together. A greenstick fracture is one in which the bone is only partly broken or bent, occurring in the young.

(b) An infected wound is one which has been invaded by some pathological bacteria.

5. (a) *What are the symptoms of shock? How do they differ from those of hemorrhage?* (b) *How would you treat shock until the arrival of the physician?*

(a) Symptoms of shock: shallow respiration, feeble running pulse, cold, clammy skin. In hemorrhage, there is a worried expression about face, great thirst, gasping.

(b) In shock, apply external heat, give plenty of air and perhaps oxygen. Get ready for an infusion of normal salt, elevate foot of bed.

PHYSIOLOGY

1. (a) *Describe the normal pulse.* (b) *Give average rate during infancy, youth and adult age.*

(a) The normal pulse averages in number from 60 to 72 beats per minute, less in men than in women. Never so rapid in the early morning or during sleep, normally. It is due to the diastole and systole (dilation and contraction of the heart). At each contraction the pulse may be felt at the radial artery, temporal artery or external iliac. Normally it is very regular, full and an even interval between each beat.

(b) In infancy, the pulse averages from 120 to 130; in youth from 78 to 90; in adult men, from 60 to 70; in adult woman, from 68 to 76.

2. *Name the active principles of the digestive secretions and state how each affects the food.*

Active principles of digestive secretions: Saliva—ptyalin, changes starch into grape sugar. Gastric juice—rennin, coagulates milk; pepsin, changes proteids into proteose and soluble peptones.

Intestinal juices—bile, is chiefly antiseptic; pancreatic juice, trypsin changes proteids into peptones; amylase changes carbohydrates into glucose and grape sugar; steapsin, emulsifies and saponifies fats.

3. *Describe the lymphatic system.*

Lymphatic system is composed of a network of large and small vessels similar in structure to blood-vessels and known as lymphatics, and of lymph-glands. Lymphatics are found in most parts of the body, the larger vessels running more or less parallel with the deep-seated veins and arteries. They carry lymph, a milky white fluid composed principally of chyle and serum of the blood. By the process of osmosis, chyle is drawn from the intestines which is to be carried to all parts of the body to build up tissue and supply heat and energy. The lymphatics empty their contents through one large trunk into the superior vena cava, near the neck. Besides conveying chyle, the lymphatics assist in carrying off waste products from the blood.

Situated in the various parts of the body are the lymph-glands, which communicate with the lymphatics. The principal places where they are found are in the neck, axilla, walls of intestine, groin, knee and ankle.

43. (a) *Define absorption, assimilation, cohesion, excretion, secretion.* (b) *Name the excretory glands of the body and the function of each.*

(c) **Absorption**—Taking up of the digested food by the capillaries in the small intestine and by the lacteals.

Assimilation—Taking up by the tissues, from the blood, such substances which are necessary for functional activity.

Cohesion—The clinging together.

Excretion—The refuse of the body thrown off by the excretory glands.

Secretion—Fluid secreted by the glands and which is of some use in the body.

(d) Excretory glands are the sudorific glands of the skin, the function being to eliminate the perspiration, containing water, small amount of carbon dioxide, salts and urea.

The lungs, which eliminate a large amount of carbon dioxide and some water.

The kidneys, which excrete the urine, made up of a large amount of water, salts and urea.

5. (a) Name three varieties of cells according to situation in the body.

(b) Name some varieties of connective-tissue cells.

(c) Nerve cells. Muscle cells. Blood cells.

(d) Connective tissue, proper—cartilage, bone, adipose.

ANATOMY

1. Classify the bones according to shape and give an example of each and locate same.

Long. Flat. Short. Irregular. Long—femur. Flat—occipital. Irregular—clavicle. Short—vertebrae of spine.

2. Into what two classes are muscles divided? Give a description of each.

Muscles are divided into two classes, the voluntary and involuntary, striated or non-striated. The striated make up all voluntary muscles, muscles which can be controlled by the will, as the biceps, triceps. The non-striated or involuntary muscles are those which cannot be controlled by the will, as the muscle tissue found in the internal organs, walls of the intestine.

3. Give a brief description of the heart, spinal-cord, gall-bladder.

The heart is globular in shape, in an adult about the size of a doubled fist, having an apex and a base, the lower portion being somewhat pointed, the upper larger and somewhat flat. It is the essential organ of circulation, serving as a pump, forcing the blood all over the entire body. It has four cavities, right and left auricle, right and left ventricle. The pericardium is the covering membrane of the heart; the endocardium, the inner lining. The muscles of the heart are supplied with blood by means of two coronary arteries. Its openings are into the aorta, pulmonary arteries, inferior and superior vena cava. The heart is located about the centre, left portion of the thoracic cavity, or just below the left nipple.

The spinal-cord is a grayish white cord about the size of little finger, located in centre of spinal column. It is composed of gray and white matter, nerve fibres. It is a continuation of the medulla oblongata, its origin. It communicates with the brain through the opening in the posterior base of the skull, the "foramen magnum." It is protected and held in place by the vertebrae and extends to bottom of the spinal canal.

The gall-bladder is a small oval-shaped organ, containing the bile that is secreted by the liver. It is located and attached to the right lower lobe of liver.

4. *Define the mesentery.*

The mesentery is a fatty elastic sheath connecting the intestines. It serves to hold the intestines in place and acts as cushion for same. It is supplied with blood-vessels and carries food after absorption.

5. *What blood-vessels pass to and from the liver?*

The blood-vessels passing to and from the liver are the portal vein, hepatic vein, hepatic artery.

Chicago.—MERCY HOSPITAL ALUMNAE ASSOCIATION held a reunion in the hospital on the evening of May 11, over a hundred responding to the invitation. In the dining-room covers were laid for one hundred and fifty, the members of the class of 1911 being the guests. Miss Eldredge, president of the state association of graduate nurses, gave a talk on what this organization has accomplished for the nursing profession, and what it may do in the future, with the aid of all graduate nurses, whom she exhorted to become members and give a helping hand to the good work. Dr. Caroline Hedger gave an address encouraging nurses to make every effort to be active, energetic workers in all the fields of labor which the nursing profession has developed. To work earnestly in whatever line of nursing work they may select, to be always up-to-date in their position, and never allow themselves to become rusty nor their books become dusty, but each one to uphold the honor of the nursing profession.

THE CHICAGO POLYCLINIC SCHOOL OF NURSES held graduating exercises of the class of 1911 at Hemetlin Memorial Hospital on May 25. There were eight graduates.

JULIA MARIE DOWNHILL, class of 1904, Mercy Hospital, has taken charge of the Monroe Street Hospital as superintendent and anesthetist.

THE ILLINOIS TRAINING SCHOOL FOR NURSES held its graduating exercises May 23rd, in the amphitheatre of Cook County Hospital, attended by a large audience of invited friends. The class was composed of forty-eight nurses. Addresses were given by Mrs. Ira Couch Wood, president of the Board of Managers, Dr. Rachelle Yarros, Hon. Peter Bartsch, president of the County Board, and Dr. Joseph B. DeLee. The diplomas were presented by Dr. Julia Holmes Smith. Directly following the programme, the guests were invited to the "Home," 509 Honore Street, where refreshments were served and a pleasant hour spent. The following scholarships and prizes were awarded:

Senior Class: 1st (\$100), Lena Bronson Miller, Buchanan, Mich.; 2nd (\$50), Hulda Osterlund, Trondhjem, Norway.

Middle Class: 1st (\$100), Leonie Horn, Manistee, Mich.; 2nd (\$50), Lena Quammen, Blair, Wis.

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A DEMONSTRATION was given by members of the class of 1911, on May 18, in the hospital amphitheatre, before a good-sized audience composed of the alumnae of the school, the "house" doctors and many of the "staff." The splendid demonstrations proved nursing to be not only an art, but a fine art.

KATE WATSON, class of 1893, Ellen V. Robinson and Miss K. Jamieson, class of 1901, are spending the summer in Europe, also Louise Murphy and Jean Wilson, class of 1900. Theda Phelps, class of 1902, sailed on June 1 for Turkey to become a missionary nurse. Mrs. Egerton Hart, nee Caroline Maddock, class of 1903, of Wuhu, China, is in Chicago for the summer with her husband and children. Mrs. Hart was a missionary nurse in China before her marriage to Dr. Hart, and has been president of the Graduate Nurses' Association of China.

THE LAKE VIEW GRADUATE NURSES' ALUMNAE ASSOCIATION held its annual meeting at the hospital May 25. Officers elected for the ensuing year: president, Marie Nelson, R.N.; vice-president, Grace Miksch, R.N.; secretary, Agda Elmquist, R.N.; treasurer, Mrs. May Wald. The association was invited to hold its June meeting with Miss Miksch. The next business meeting will be held at the hospital September 20. The business meeting was followed by a "Kaffee Klatsch." Miss Stewart, who graduated May 11, has accepted the position of Superintendent of Lake View Hospital, which Miss Newberg resigned to accept a similar position in Seattle, Wash.

INDIANA

THE STATE BOARD OF REGISTRATION AND EXAMINATION OF NURSES held examinations in Indianapolis on May 17, 18. There were 66 applicants.

Indianapolis.—FANNY E. GERRARD, R.N., is employed by the Board of Park Commissioners to care for and direct the children at play in Riverside Park.

Terre Haute.—UNION HOSPITAL held its tenth annual commencement of the training school for nurses on the evening of June 2, at the First Methodist Church. The address was given to the class of three by Dr. John A. Hornsby, superintendent of Michael Reese Hospital, Chicago. The diplomas were presented by Dr. Amos H. Caffee, president of the staff of the hospital.

MISSOURI

Kansas City.—THE UNIVERSITY TRAINING SCHOOL FOR NURSES held its fifteenth annual commencement at the Willis Wood theatre on the afternoon of May 11. Ten nurses were given diplomas. Immediately after the exercises a luncheon was served at the Hotel Baltimore by the alumnae association, at which a toast was given by a member from each class that has graduated from the school. This was not only a pleasant occasion but was beneficial in bringing the older and younger nurses into closer fellowship, professionally and

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socially. The class had previously been given a reception at Morton's Hall on the evening of May 4, when dancing and cards were enjoyed.

Mrs. FANNY E. S. SMITH has been acting as a visiting teacher in five different hospitals, holding classes for the nurses.

St. Luke's Hospital has started a summer camp for babies.

St. Joseph.—St. JOSEPH'S HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting on April 20 at the hospital. Three applications for membership were received and accepted. Officers elected were: president, Sallie Bryant (re-elected); vice-president, M. Kappal; secretary, Nora Swartz; treasurer, M. Rudloff. At a special meeting called by the president, May 9, to fill the vacancy caused by Miss Swartz's resignation, Anna J. Crotty, R.N., was elected in her place.

IDAHO

AN ACT

To provide for and regulate the examination and registration of graduate nurses.

Be it enacted by the Legislature of the State of Idaho:

SECTION 1. Upon taking effect of this Act, the Governor shall appoint, within sixty (60) days, a State Board of Examination and Registration of Graduate Nurses, whose duty it shall be to enforce the provisions of this Act.

The Idaho State Association of Graduate Nurses shall nominate four (4) nurses and two (2) physicians, from which list the Governor of Idaho shall appoint an Examining Board of two (2) nurses and one (1) physician. The nurses appointed on this Board shall have been graduated from reputable training schools for nurses for a period of at least five (5) years, and, with the exception of those appointed as members of the first Board, shall have been registered under the provisions of this Act. The physicians appointed on this Board shall have been graduated for a period of at least five (5) years at the time of appointment. The members of this Board must be actual residents of this State and engaged in professional work.

The members of this Board shall be appointed to hold office as follows:

One for one (1) year; one for two (2) years; one for three (3) years; each member holding office from time of appointment until a successor is chosen by the Governor.

All appointments shall be made so that the term of office shall expire on the first day of March of each year, and, upon the expiration of the term of office, the Governor shall likewise fill the vacancy for a term of three (3) years from the list of six (6) names submitted to him each year by the Idaho State Association of Graduate Nurses. An unexpired term of an examiner caused by death, resignation, or otherwise, shall be filled in the same manner as an original appointment is made.

SEC. 2. The members of the Board shall meet in the city of Boise, as soon as organized, and shall elect from their number a president, who shall act as inspector of training schools for nurses, and a secretary, who shall act also as treasurer. Two (2) members shall constitute a quorum, and special meetings of the Board shall be called by the secretary upon the written request of any two (2) members.

The Board shall adopt a seal which shall be placed in the care of the

secretary. The secretary shall be required to keep a record of all meetings of the Board, including a register of the names of all nurses and training schools for nurses registered under this Act. Said register shall, at all reasonable times, be open to public scrutiny, and the Board shall cause the prosecution of all persons violating any of the provisions of this Act, and may incur necessary expense on this behalf.

The inspector shall annually inspect all training schools for nurses existing in the State of Idaho, and shall register such schools as fulfil the requirements designated by the Examining Board.

The Board shall provide a schedule of the subjects upon which applicants shall be examined to qualify for the requirements of this Act.

The salary of the secretary shall be fixed by the Board, and shall not exceed Five Hundred Dollars (\$500) per annum, said salary not covering travelling expenses and other expenses incurred in discharge of official duties. The other members of the Board shall receive Four Dollars (\$4) each per day for each day actually engaged in attendance upon meetings of the Board, and in going to and coming from their place of meeting, and inspection of training schools for nurses, and all legitimate and necessary expenses incurred in attending such meetings. All expenses of the Board, including such salary and compensation, shall be paid from the fees received by the Board. A report of all receipts and expenditures shall be made to the Governor by December 15 of each year.

Sec. 2. It shall be the duty of the Board to meet in the City of Boise for the purpose of holding examinations not less frequently than once every year, and at such times as they may determine; the Board shall also, at least once a year, arrange for an examination in some convenient place in the northern part of the State. The Board shall, from time to time, adopt rules for the examination of applicants for registration in accordance with the provisions of this Act.

Notice of the meetings of the Board shall be given to the public press and to at least one journal devoted to the interests of professional nursing, and by mail to every applicant and to every reputable training school in Idaho, at least thirty (30) days prior to the meeting. At such meetings it shall be the duty of the Board to examine all such applicants for registration under this Act as are required to be examined, and to issue to each duly qualified applicant who shall have complied with the pertinent provisions of this Act the certificate provided for in this Act.

Any person to whom a certificate of registration shall be issued shall, within thirty (30) days thereafter, cause the same to be recorded with the county clerk of the county in which such person resided at the time of application. Such persons shall be prepared, whenever requested, to exhibit such certificate of registration or a certified copy thereof. Registered nurses changing residence in the State must present a certificate of registration or a certified copy thereof to the County Clerk within thirty (30) days of the time of establishing new residence.

All applicants for registration shall furnish satisfactory evidence that he or she is twenty-one (21) years of age, of good moral character, and has been graduated from a training school for nurses connected with a general hospital approved by the Board, where a systematic course of at least two (2) years' instruction is given.

Sec. 4. On compliance with the pertinent provisions of this Act, nurses

otherwise qualified shall be entitled, upon the payment of Ten Dollars (\$10), to registration as follows:

First.—Without examination, provided they make application prior to July 1, 1911.

a. Nurses who shall have been graduated before said date and after January 1, 1890, from a reputable training school connected with a general or special hospital, who, at the time of graduation shall have received a course of at least two (2) years in such training school.

b. Nurses who shall have been graduated on or prior to January 1, 1897, from a reputable training school connected with a general hospital, who at the time of graduation shall have received a course of one (1) year's training in such training school and who, at the time of application, shall have been engaged in nursing for five (5) years since their graduation.

c. Nurses now in training in a reputable training school connected with a general hospital, which now gives a course of at least two (2) years' training, and who shall graduate therefrom.

Second.—Nurses who shall make application on or after January 1, 1914, and who at the time of application shall have graduated from a reputable training school connected with a general hospital requiring a systematic course of at least three (3) years' training.

Third.—Nurses who shall make application on or after January 1, 1914, and who at the time of application shall have been graduated from a reputable training school connected with a special hospital requiring a systematic course of at least two (2) years' training, and who at the time of application shall have obtained, in a reputable general hospital, one (1) year's additional training in subjects not adequately taught in the training school from which they were graduated, and shall pass an examination to determine their fitness and ability to give efficient care to the sick.

SEC. 5. It shall be unlawful hereafter for any person to practice, or attempt to practice, in this state as a registered nurse without a certificate from the Board. Any person who has received such a certificate shall be styled and known as a registered nurse, and shall be entitled to append the letters "R. N." to the name of such person. No other person shall assume or use such title or the abbreviation "R. N.", or any other words, letters or figures, to indicate that such person is a registered nurse.

SEC. 6. This Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick for hire, who does not in any way assume or pretend to be a registered nurse, and this Act shall not be construed to interfere in any way with members of religious communities or orders, which have charge of hospitals, or take care of the sick in their own homes, provided such members do not in any way assume to be registered nurses.

SEC. 7. The Board, upon written application, and upon the receipt of Ten Dollars (\$10) as registration fee, may issue a certificate, without examination, to those who shall have been registered as registered nurses under the law of another State having the requirements equivalent to those of Idaho; Provided, That the Board shall be sole judge of credentials of any nurse admitted to registration without examination.

SEC. 8. Any person violating any of the provisions of this Act shall be

guilty of a misdemeanor and shall, upon conviction, be fined for the offence in a sum not less than Ten Dollars (\$10), nor more than One Hundred Dollars (\$100), for the first offence, and not less than One Hundred Dollars (\$100), nor more than Five Hundred Dollars (\$500), for each subsequent offence.

Any person who shall wilfully make any false representation to the Board in applying for a license shall be guilty of a misdemeanor, and, upon conviction, shall be fined in a sum not less than One Hundred Dollars (\$100), nor more than Two Hundred Dollars (\$200). All certificates issued by the Board shall be signed by all the members thereof and shall be attested by the President and Secretary.

SEC. 9. The Board may revoke any certificate by unanimous vote for dishonesty, gross incompetency, a habit rendering a nurse unsafe to be entrusted with, or unfit for the care of the sick, conduct derogatory to the morals or standing of the profession of nursing, any wilful fraud or misrepresentation practiced in procuring such certificates, provided the holder of such certificate shall have been given at least thirty (30) days' notice, in writing, of the specific charge against such holder, and of the time and place of hearing the charge by the Board, at which time and place the holder shall be entitled to be heard and to be represented by counsel.

Upon the revocation of any certificate, the same shall be null and void. The holder thereof shall cease to be entitled to any of the privileges conferred by such certificate, and it shall be the duty of the Secretary of the Board to strike the name of the holder thereof from the roll of registered nurses, and to give notice of such revocation to the County Clerk in whose office such certificate is recorded, and thereupon such County Clerk shall note the fact of such revocation upon the record of such certificate.

Bill passed the House of Representatives on the 28th day of February, 1911.

Passed the Senate on the 2d day of March, 1911.

Received by the Governor on the 4th day of March, 1911.

Approved by the Governor on the 9th day of March, 1911.

TEXAS

THE GRADUATE NURSES' ASSOCIATION OF TEXAS held its fifth annual meeting in El Paso, on May 23 and 24. The meeting was a most interesting as well as a most profitable one. The following officers were elected: president, Retta Johnson, Houston; vice-presidents, Louise Dietrich, El Paso, Miss Middleton, Temple, Miss Brient, El Paso; secretary-treasurer, Allie Brookman, Temple. After the last business meeting on the morning of May 26, the members adjourned to meet in Houston during June, 1912.

A. BROOKMAN, Secretary.

NORTH DAKOTA

Fargo.—A GRADUATE NURSES' ASSOCIATION has been established with G. N. Robinson, R.N., as president; A. L. Wall, treasurer; Edith Nelson, secretary.

OREGON

A BILL for an Act to provide for and regulate the examination and registration of graduate nurses; to provide a board for such examination; to fix the

qualifications, terms of office, place of meeting, duties, and manner of compensation for such board; to provide the standard of qualifications of applicants for registration; to provide that this act shall not extend to volunteer nurses, nor religious orders, nor persons not holding themselves out to be registered nurses; to provide penalties for violation of this act; to provide for revocation of license or certificate.

Be it enacted by the Legislative Assembly of the State of Oregon:

Be it enacted by the People of the State of Oregon:

SECTION 1. The Governor of the State of Oregon shall appoint, within 60 days after the passage of this act, appoint a State Board of Examination and Registration of Graduate Nurses, composed of three (3) nurses, whose duty it shall be to enforce the provisions of this act. This board shall be composed of three (3) members who shall be selected from a list of five (5) names suggested by the Oregon State Association of Graduate Nurses. At the time of appointment, the members of said board must be actual residents of the State and engaged in nursing work or work pertaining to nursing. They shall have been graduated for a period of at least five (5) years from reputable training school for nurses, and, with the exception of those appointed as the first members of the board, shall have been registered under the provisions of this act. The members of this board shall be appointed to hold office as follows: One for one year; one for two years; one for three years; each member holding office from time of appointment until a successor is chosen by the Governor. All appointments shall be made so that the term of office shall expire on the first day of April, one, two, or three years from 1911 as the term of appointment shall be, and, upon the expiration of the term of office, the Governor shall likewise fill the vacancy for a term of three (3) years from the date of expiration of term of office, from the list of five (5) names submitted to him each year by the Oregon State Association of Graduate Nurses. An unexpired term of an examiner caused by death, resignation, or otherwise, shall be filled in the same manner as an original appointment is made.

SEC. 2. The members of the board shall meet in the City of Portland as soon as organized, and shall elect from their number a president, who shall act as inspector of training schools for nurses, and secretary, who shall also act as treasurer. Two (2) members shall constitute a quorum, and special meetings of the board shall be called by the secretary upon the written request of any two members. The board shall adopt a seal, which shall be placed in the care of the secretary. The secretary shall be required to keep a record of all meetings of the board, including a register of the names of all the nurses and training schools for nurses registered under this act. Said register shall, at all reasonable times, be open to public scrutiny, and the board shall cause the prosecution of all persons violating any of the provisions of this act, and may incur necessary expense on this behalf. The inspector shall inspect all training schools for nurses existing in the State of Oregon, and shall register such schools as fulfill the requirements of this Act. The board shall provide a schedule of the subjects upon which applicants shall be examined to qualify for the requirements of this act. The salary of the secretary shall be fixed by the board and shall be not less than \$100 nor more than \$500. The other members of the board shall receive four dollars (\$4.00) per day for each day actually engaged in attendance upon meeting of the board, and in going to and coming from their

place of meeting, and inspection of training schools for nurses, and all legitimate and necessary expenses incurred in attending such meetings. All the expenses of the board, including such salary and compensation, shall be paid from the fees received by the board. A report of all receipts and expenditures shall be made to the Governor, by December 15 of each year, but all moneys and receipts shall be kept in a special fund by and for the use of said board exclusively.

Sec. 3. It shall be the duty of the board to meet for the purpose of holding examinations not less frequently than once every year, and at such times and places as they may determine. The board shall, from time to time, adopt rules for the examination of applicants for registration in accordance with the provisions of this act. Said examinations shall include the subjects of elementary anatomy, physiology, medicine, obstetrics, gynecology, surgery, and of nursing, dietetics, and home sanitation. Notice of the meetings of the board shall be given to the public press and to at least one journal devoted to the interests of professional nursing, and by mail to every applicant, and to every reputable training school in Oregon, at least thirty (30) days prior to the meeting. At such meetings it shall be the duty of the board to examine all such applicants for registration under this act, as are required to be examined, and to issue to each duly qualified applicant, who shall have complied with the pertinent provisions of this act, the certificate provided for in this act. Any person to whom a certificate of registration shall be issued shall, within thirty (30) days thereafter, cause the same to be recorded with the county clerk of the county, in which such person resided at the time of application. Such persons shall be prepared whenever requested to exhibit such certificate of registration, or a certified copy thereof. Registered nurses changing residence in the State must present certificates of registration, or a certified copy thereof, to the county clerk within thirty (30) days of the time of establishing new residence. All applicants for registration shall furnish satisfactory evidence that he or she is twenty-one (21) years of age, of good moral character, and has been graduated from a training school for nurses, connected with a general hospital approved by the board, where a systematic course of at least two (2) years' instruction is given.

Sec. 4. On compliance with the pertinent provisions of this act, nurses otherwise qualified shall be entitled, upon the payment of ten dollars (\$10), to registration as follows:

First.—Without examination, provided they make application prior to July 1, 1912. (a) Nurses who have been graduated before said date and after January 1, 1900, from a reputable training school connected with a general hospital, who at the time of the graduates shall have received a course of at least two (2) years in such training school. (b) Nurses now in training in a reputable training school connected with a general hospital, which now gives a course of at least two (2) years' training and who shall graduate therefrom.

Second.—Nurses who shall make application on or before January 1, 1914, and who, at the time of application, shall have graduated from a reputable training school connected with a general hospital requiring a systematic course of at least two or more years' training.

Third.—Nurses who shall make application on or before January 1, 1914, and who, at the time of application, shall have been graduated from a reputable training school connected with a special hospital requiring a systematic course

of at least two (2) years' training, and who at the time of application shall have obtained, in a reputable general hospital, one year's additional training in subjects not adequately taught in the training school from which they were graduated, and shall pass an examination to determine their fitness and ability to give efficient care to the sick.

Fourth.—On and after July 1, 1918, all applicants for certificates of registration under the provisions of this act shall pass the examination as required by the board before receiving the certificates of registration, providing the applicants fulfil all other requirements specified therein.

Sec. 5. It shall be unlawful hereafter, for any person to practice, or attempt to practice, in this State, as a registered nurse, without a certificate from the board. Any person who has received such a certificate shall be styled and known as a registered nurse, and shall be entitled to append the letters "R.N." to the name of such person. No other person shall assume to use such title, or the abbreviation "R.N.", or any other words, letters or figures to indicate that such person is a registered nurse.

Sec. 6. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick for hire, who does not, in any way, assume or pretend to be a registered nurse, and this act shall not be construed to interfere in any way with members of religious communities or orders, which have charge of hospitals or take care of the sick in their own homes, provided such members do not, in any way, assume to be registered nurses.

Sec. 7. The board, upon written application, and upon the receipt of ten dollars (\$10) as registration fee, may issue a certificate without examination to those who shall have been registered as registered nurses, under the law of another state having the requirements equivalent to those of Oregon. *Provided*, that the board shall be sole judge of credentials of any nurse admitted to registration without examination.

Sec. 8. Any person violating any of the provisions of this act shall be guilty of a misdemeanor, and shall, upon conviction, be fined for the offence, and not less than ten dollars (\$10) or more than one hundred dollars (\$100) for the first offence, and not less than one hundred dollars (\$100) nor more than five hundred dollars (\$500) for each subsequent offence. Any person who shall wilfully make any false representation to the board in applying for a license shall be guilty of a misdemeanor, and, upon conviction, shall be fined in a sum not less than one hundred dollars (\$100) nor more than two hundred dollars (\$200). All certificates issued by the board shall be signed by all the members thereof, and shall be attested by the president and secretary.

Sec. 9. The board may revoke any certificate by unanimous vote for dishonesty, gross incompetence, a habit rendering a nurse unsafe to be entrusted with, or unfit for the care of the sick, conduct derogatory to the morals or standing of the profession of nursing, any wilful fraud or misrepresentation practiced in procuring such certificate providing the holder of such certificate shall have been given at least thirty (30) days' notice in writing, of the specific charge against such holder, and of the time and place of hearing the charge by the board, at which time and place the holder shall be entitled to be heard and to be represented by counsel. Upon the revocation of any certificate, the same shall be null and void. The holder thereof shall cease to be entitled to any of the

privileges conferred by such certificate, and it shall be the duty of the secretary of the board to strike the name of the holder thereof from the roll of registered nurses to secure and cancel the certificate, and to give notice of such revocation to the county clerk in whose office such certificate is recorded, and thereupon such county clerk shall note the fact of such revocation upon the record of such certificate.

WASHINGTON

THE WASHINGTON STATE BOARD OF EXAMINERS held a regular meeting in Walla Walla at the Dacres Hotel, June 15, 16.

Seattle.—THE KING COUNTY GRADUATE NURSES' ASSOCIATION held its regular meeting on June 5, in Assembly Hall, Henry Building, Mrs. Green presiding. The minutes of the previous meeting were accepted with two corrections, and that of the executive committee as read. The secretary was instructed to write to Governor Hay requesting the appointment on the Board of Examiners, for Nurses of Miss Wilkinson, St. Luke's Hospital, Bellingham, to succeed Audrey F. Waymire, whose term expires June 30. It was decided to call a special meeting for the first Monday in July to hear reports of the delegates from the state convention, also to request the social committee to plan some special form of entertainment for that meeting. Mrs. Green then invited the association to meet with her at the Kenny House on July 3, which was accepted with enthusiasm. Dr. Perry gave a talk on the affairs of the club house.

CANADA

Toronto.—THE TORONTO GENERAL HOSPITAL held closing exercises of the twenty-ninth graduating class of the school for nurses in the amphitheatre of the hospital, June 15. Addresses were given by J. W. Flavell, LL.D., chairman of the Board of Governors, and by President Falconer, of the University of Toronto. Miss Snively presented the diplomas, and the donors the following prizes: Scholarship—senior year—the J. F. W. Ross Scholarship (\$50). General proficiency, Olive G. L. Lowes.

The H. A. Bruce Scholarship (\$50). Operating-room technic, Flora M. Cameron.

Prize—senior year—for highest standing in final examinations: Olive G. L. Lowes. First—the Charles O'Reilly prize; Ethel McClure. Second—the Walter S. Lee prize; Flora M. Cameron. Third—the J. D. Patterson prize.

Scholarship—intermediate year—the J. D. Patterson scholarship for general proficiency. Birdie Beatrice Pollard.

Scholarship—junior year—the Arthur McCollum memorial scholarship (\$50) for general proficiency (name of recipient not received).

There were thirty-two graduates. The report of the school was given by Miss E. L. Stewart, superintendent of nurses. A reception followed the exercises in the hospital grounds.

THE LYNNHURST PRIVATE HOSPITAL was opened on June 1. Mrs. Maude Horner, graduate of the Montreal General Hospital, is superintendent.

PHILIPPINE ISLANDS

Manila.—THE PHILIPPINE TRAINING SCHOOL FOR NURSES held its first annual commencement on March 29 in Marble Hall, Ayuntamiento. Music was

furnished by the Constabulary Band. The blessing was given by Archbishop Harty. Addresses were made by Dr. John R. McDill and the Governor-General. The diplomas were presented by the Secretary of the Interior, the pins, by the Speaker of the Assembly. A valedictory was given by Hermenegilda Flores. There were six graduates.

THE NEW HOME FOR NUNAS, at the Philippine General Hospital is completed and now occupied by the students. It is a beautiful building costing \$125,000 and has accommodations for thirty-eight nuns.

ELIAS F. McCLOSKEY, late superintendent of the Brattleboro Hospital, Vermont, has accepted the position of Chief Nurse and Superintendent of the Training School. The school has 180 pupils and is one of the largest in the Orient. Recent additions to the staff of the school are Angelina B. Maynard, late of the Panama service, and Anna C. McKay, who until recently was superintendent of the Alexandria, Va., hospital.

MARGARET M. WHEELER has been appointed Supervising Nurse of the Board of Health with headquarters at the Philippine General Hospital.

BIRTH

On March 25, at Valhalla, N. Y., a daughter, Ethel Gertrude, to Mr. and Mrs. J. Lefevre. Mrs. Lefevre was Myra Ransam, class of 1897, Methodist Episcopal Hospital, Brooklyn.

MARRIAGES

Harriet Newins, class of 1905, Methodist Episcopal Hospital, Brooklyn, to Charles Gould. Mr. and Mrs. Gould will live in Bay Shore, Long Island.

On May 19, in Rochester, N. Y., Mabel C. Goodwin, graduate of St. Mary's Hospital, to E. J. Smith. Miss Goodwin was one of the school nurses of Rochester and secretary of the local committee on Red Cross enrolment. Mr. and Mrs. Smith are living in Atwater, N. Y.

On May 6, Edith H. Brown, class of 1905, University Training School, Kansas City, to Robert J. Cowden. Mr. and Mrs. Cowden will live in Kansas City.

On June 7, in Trinity Church, Upperville, Va., Elizabeth M. Armistead, St. Luke's Hospital, Richmond, Va., to Matt Otey Burke, M.D. Dr. and Mrs. Burke will live in Richmond, Va.

On April 18, Sara Butem, class of 1905, Howard Hospital, Philadelphia, to John N. H. Menger. Mr. and Mrs. Menger will live in Harrisburg.

On May 14, at Fort Morgan, Colorado, Marie M. Watson, class of 1902 (name of school not given), to H. I. Nowack. Mr. and Mrs. Nowack will live on a farm southeast of Fort Morgan.

On April 21, at Fort Chester, N. Y., Bertha M. Cullen, class of 1905, Mount Vernon Hospital Training School, to John Franklyn White, M.D.

On June 15, at Albany, N. Y., Florence Payn, graduate of St. Barnabas Hospital, Newark, and recently district nurse in Millburn, N. J., to William M. Barnes, M.D.

On June 10, at Detroit, Michigan, Eva Marie Russell, class of 1900, St. Mary's Hospital Training School, to A. E. Colburn. Mr. and Mrs. Colburn will live in Chicago.

DEATHS

On May 30, at Halcyon Hospital, South Boston, Va., Doris I. Wimmer, Miss Wimmer was superintendent of Halcyon Hospital at the time of her death, a graduate of Danville General Hospital, class of 1907, and a member of the Graduate Nurses' Association of Virginia. Her death was particularly sad and came while she was at her post of duty. While preparing for an operation, an explosion of gasoline, which was being used in the sterilizing room, occurred, igniting her clothing, and she was fatally burned—her death following in a few hours. The shock to her relatives and many friends is very great.

Mrs. Eleanor Underwood Snodgrass, late superintendent of the Philippine Training School for Nurses and Chief Nurse of the Philippine General Hospital, died at the hospital April 18 after a long illness. Mrs. Snodgrass was a graduate of the S. R. Smith Infirmary, Staten Island, and of the General Memorial Hospital, New York City. She had served as superintendent at St. Botolph's Hospital, Boston; Virginia General Hospital, Richmond; assistant superintendent at the Rochester Homoeopathic Hospital, and superintendent at the North Adams Hospital. Mrs. Snodgrass came to the Philippines more than a year ago with her husband, Dr. John Elmer Snodgrass, and was at Cebu for some time, and later came to Manila to accept in March, 1910, the position of chief nurse at the civil hospital and to take charge of the new school for nurses provided for by the legislature at its Baguio session early in 1910. Her success with the training school for nurses placed her name high on the rolls of those whose deeds have meant so much for the uplift and training of those who are to minister to the sick through the days and months of the coming years.

As chief nurse and superintendent of the Philippine training school for nurses at the Philippine General Hospital, she became widely known as a woman of remarkable force of character and of unusual abilities in her chosen profession.

Funeral services were held at the First Presbyterian Church, which were largely attended. Special music was furnished by the choir. The pupils of the girls' training school for nurses and the young men from the Philippine training school for nurses attended in a body, conducted by Miss Margaret Wheeler, the supervising nurse, and Miss Elsie P. McCloakey, the acting chief nurse of the Philippine General Hospital.

The news of Mrs. Snodgrass's death will come as a great shock to her many friends who knew her but to love her. Her fine personality, high sense of honor, her pleasant smile, her amiable disposition, and her faculty of making friends wherever she went, endeared her to all with whom she was associated.

BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON

A BIBLIOGRAPHY OF GREAT VALUE

AN announcement intended to be made at the meeting of the American Nurses' Association, but omitted through pressure of time, was that nurses interested in teaching school children problems of hygiene may find valuable lists of books and articles bearing on the subject in a little pamphlet entitled "A Bibliography on Educational Hygiene and Physical Education," by Thomas Danison Wood and Mary Reesor. Some of the subjects listed are Eugenics, Fatigue and Hygiene of the Nervous System, Health Instruction, Medical and Health Examination and Instruction, the Nurse in Education, Open-Air Schools, Sanitation of Schools, Sanitation of Rural Schools, School Hygiene. This pamphlet may be obtained by sending twenty cents to Teachers' College Publishing Office, New York City.

REMINISCENCES OF LINDA RICHARDS, AMERICA'S FIRST TRAINED NURSE. Whitcomb and Barrows. Price, \$1.00.

As an autobiography Miss Richards' book is distinctly disappointing. Never perhaps did one ever write of one's own life and give as little heed to one's self. Augustin Birrell says that autobiography shows "a noticeable desire to make humanity, or the reading public, our residuary legatee; to endow it with our experiences, to enrich it with our egotisms, to strip ourselves bare in the market-place, if not for the edification at all events for the amusement of man." But Miss Richards entirely disregards the formula of the great Mr. Birrell, and while she has not quite eliminated the heroine from her book her friends certainly have cause to claim that she has not done her justice.

The achievement of Linda Richards is most remarkable. For thirty-nine years she has been active in the field of her vocation,—the organization of nurse training schools. Well indeed has she been called "the pioneer path breaker." Once the way was open, and machinery running well in any venture, and it seemed to pall upon her—she sought for new ground and started on new material only to forsake it when it began

to conform to custom and shape toward completion. She never cared to stay by her own work and repeatedly left it, once it had ceased to be constructive work, as though she enjoyed building houses for others to occupy. Thirty-nine years of work and that in a profession where ten has been named as the limit of usefulness! Simplicity and directness seem to the reader the most striking features in a character dominated by ceaseless energy. Whatever she aimed for, she reached; we are not told how, but the little Wisconsin girl is not long in making her way to Boston and New York and getting in the hospitals of those cities the training and experience to fit her for the work of organizing the nursing in the Massachusetts General Hospital in Boston. This in itself is a stupendous piece of work and one entirely original. Five years after her first appearance as a pupil nurse in Boston finds her a visitor under the eagle of Miss Nightingale at St. Thomas Hospital, London; King's College Hospital, London; and the Edinburgh Royal Infirmary. Back to America and undertaking the organization of the Boston City Hospital Nurse Training School where after a year of strenuous life, came an enforced rest of two years, after which she resumed work in the Boston City Hospital for four years, when again comes the call to arise and go forth, this time to Japan, where five years were spent in a combination of missionary life and the more exciting occupation of organizing and carrying on the first Training for Nurses in Japan.

Returning to America in March, 1891, she took the position of head worker in the "Philadelphia Visiting Nurses' Society," which position was later relinquished because of insufficient physical strength. Following this Miss Richards continued in training school work for twenty years, part of the time being spent in work in the hospitals for the insane, where she worked out the problem of the limited character of the work by affiliation with good general hospitals.

As was said earlier in these pages Miss Richards has been far too modest and self-effacing, and even the kindly introductory pages added to the book by her friends fail to do her justice, being limited to the scant space that is allowed the ordinary introduction.

THE OPEN-AIR OR SANATORIUM TREATMENT OF PULMONARY TUBERCULOSIS. By F. Rufenacht Walters, M.D., B.S.(Lond.), M.R.C.P., F.R.C.S., Physician to Crooksbury Sanatorium; Formerly Physician to Mount Vernon Hospital for Consumption and Diseases of the Chest; Author of "Sanatoria for Consumptives." Price, \$2.25. William Wood and Co., New York.

No stronger evidence of the changing times could be presented than

does Doctor Walters' book on the treatment of tuberculosis. True the book is written for "physicians in charge of consumptives" whether treated in sanatoria or elsewhere, but the author urges it upon the patient as well, declaring that the utmost skill is powerless to avail in the cure of tuberculosis unless there is added the intelligent co-operation of the one to be cured and in many instances of his family and the people in the community where he lives. So the author consigns to some mysterious limbo the paraphernalia of science, and with as little recourse to the language of technic as is possible gives us simple and direct English and sets forth his plan of campaign against the most dreaded of the foes that beset modern civilization. The modern treatment for consumption as Dr. Walters outlines it is, in spite of the title of the book, without a name; he calls it the "open-air," "hygienic," "hygienic-dietetic," and yet complains that none of these three are strictly descriptive as the treatment includes medication. He does not regard geographical situation as of highest importance, at the same time grants that some people recover more easily in one place than another: "Healthy people in need of a holiday find that many places do them good, but each one knows by experience that some places suit him better than others. In just the same way there are many places where any given consumptive would do well, but he might get well faster in one than in another according to the circumstances of his case." The comparative advantages of England and the continent are discussed and the decision seems to favor the mountains of Germany, though long journeys are disparaged. The more popular and exciting health resorts are to be avoided and in preference to any other habitation the outdoor sanatorium is desirable; because here are sanatorium-trained nurses who do not fear the free ventilation, are unacquainted with drafts, who know what is wanted and how to get it, who allow no sweeping and dusting as the ordinary housekeeper practises this art. The first half of the book is concerned with the sanatorium life and closes with some considerations of the danger which the convalescent encounters when he returns to his ordinary mode of life. To his friends he has become a "fresh-air fiend," a "health-crank" and wholly unreasonable because he can no longer endure the stuffy, ill-ventilated, over-heated, and dusty rooms and offices to which his friends are inured and to the dangers of which they persist in remaining ignorant. Surely we need to be reminded that it is we who are unreasonable and not the person who insists on fresh air.

The second part of the book is technical but within the comprehension of the masses: Bacteriology, modes of infection, predisposing causes,

symptoms and diagnosis, treatment climacteric, symptomatic, hygienic, specific; the treatment of mixed infection; and the prognosis and results of treatment are the subjects of this half of the book.

PRACTICAL DIETETICS, WITH REFERENCE TO DIET IN DISEASE. By Alida Frances Pattee, Graduate, Department of Household Arts, State Normal School, Framingham, Mass.; Late Instructor in Dietetics, Bellevue Training School for Nurses, Bellevue Hospital, New York City; Former Instructor at Mount Sinai, Hahnemann, and the Flower Hospital Training Schools, New York City; Lakeside, St. Mary's, Trinity, and Wisconsin Training Schools for Nurses, Milwaukee, Wis.; St. Joseph's Hospital, Chicago; St. Vincent de Paul Hospital, Brockville, Canada. Sixth Edition. Price, \$1.50. Alida F. Pattee, Publisher, Mount Vernon, New York.

Since its first edition eight years ago this book has had constant demand in the nurse training schools both here and in the West, and the author has spared no pains to deserve the popularity that her book commands. This sixth edition is increased by one hundred and fifty pages, incorporating so far as possible the latest results of research in dietetics. Wherever possible the total energy value of the foods combined in any given receipt has been calculated, thus obviating the necessity of the tedious mathematical process usually required to obtain the fuel value of any prescribed diet. In the introduction of this edition are given the outlines showing the requirements in dietetics of the various State Boards of Examiners of Nurses, and the contents of the book have been arranged to correspond directly with these requirements, thus materially aiding the dietitian in the arrangement of courses of study for the nurse in preparation for her State examination. The book has gained greatly in value since it first appeared; it is simply and concisely arranged, strictly up to date, and incorporates diet lists appropriate to special conditions.

PATTEE'S HANDBAG DIET-BOOK. A. F. Pattee, Publisher, Mount Vernon, New York. Price, 30 cents.

This book, a reprint from Practical Dietetics, is not meant for general circulation but is compiled for the convenience of such nurses as find the larger volume too heavy to carry from place to place. It consists of weights, measures, recipes, hospital dietaries, etc.

FOOD AND COOKERY FOR THE SICK AND CONVALESCENT. By Fannie M. Farmer. Price, \$1.50.

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